FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JAN 04 1977
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
JAN 04 1977
Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: December 27, 1977

By: Marion J. Wirth

Director
(Title)

FILED
In the office of the Secretary of State
of the State of California

JAN 4 - 1978
At 2:01 o'clock P.M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

AMEND: Section 63-2261, Exhibit B
63-3200

These regulations implement, interpret, and make specific the provisions of Welfare and Institutions Code Section 18901.

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The following facts constitute the emergency:

1. Cost-of-living revisions to Food Stamp Tables of Coupon Issuance must be effective January 1, 1978, in accordance with Section 7(a) of the Food Stamp Act, and as outlined in 7 CFR 271, Appendix A.

2. In order to ensure that the cost-of-living revisions are implemented on January 1, 1978, the attached regulations must be filed on an emergency basis.

3. Adoption of the attached regulations is necessary for the immediate preservation of the public peace, health and safety, and the general welfare.

The regulation changes set forth above are, therefore, adopted as emergency measures to become effective January 1, 1978, after filing with the Secretary of State.

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63-2261 INCOME ELIGIBILITY STANDARDS (Continued) 63-2261

Exhibit B 63-2261 INCOME ELIGIBILITY STANDARDS Exhibit B 63-2261

HOUSEHOLD SIZE	MAXIMUM ALLOWABLE INCOME	HOUSEHOLD SIZE	MAXIMUM ALLOWABLE INCOME
1	$ 262 1/	11	$1446
2	344 1/	12	1579
3	460	13	1712
4	580	14	1845
5	687	15	1978
6	827	16	2111
7	913	17	2244
8	1047	18	2377
9	1180	19	2510
10	1313	20	2643

1/ USDA Poverty Guideline (1977) Each Add'l Member + $133

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63-3200 TABLES OF COUPON ISSUANCE 63-3200

.1 For Issuance to Households of Up to 20 Persons Use the Following Tables:

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table I

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	1	2	3	4	5
Coupon Allotment	$52	$96	$138	$174	$206
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0- 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20- 29.99	1	1	0	0	0
30- 39.99	4	4	4	4	5
40- 49.99	6	7	7	7	8
50- 59.99	8	10	10	10	11
60- 69.99	10	12	13	13	14
70- 79.99	12	15	16	16	17
80- 89.99	14	18	19	19	20
90- 99.99	16	21	21	22	23
100- 109.99	18	23	24	25	26
110- 119.99	21	26	27	28	29
120- 129.99	24	29	30	31	33
130- 139.99	27	32	33	34	36
140- 149.99	30	35	36	37	39
150- 169.99	33	38	40	41	42
170- 189.99	39	44	46	47	48
190- 209.99	40	50	52	53	54
210- 229.99	42	56	58	59	60
230- 249.99	42	62	64	65	66
250- 269.99	42	68	70	71	72
270- 289.99	1/	74	76	77	78
290- 309.99		76	82	83	84
310- 329.99		76	88	89	90
330- 359.99		76	94	95	96
360- 389.99		1/	103	104	105
390- 419.99			112	113	114
420- 449.99			120	122	123
450- 479.99			120	131	132
480- 509.99			1/	140	141
510- 539.99				149	150
540- 569.99				150	159
570- 599.99				150	168
600- 629.99				1/	177
630- 659.99					178
660- 689.99					178
690- 719.99					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

2/ Verified by FNS.

Maximum Allowable Adjusted Monthly Net Income

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	262	344	460	580	687	827	913	1047	1180	1313	1446	1579	1712	1845	1978

Household Size	16	17	18	19	20
Adjusted Monthly Net Income	2111	2244	2377	2510	2643

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63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$248	$274	$314	$354	$394
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0- 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	11	12	12	12	12
60- 69.99	14	15	16	16	16
70- 79.99	17	18	19	19	19
80- 89.99	21	21	22	22	22
90- 99.99	24	25	26	26	26
100- 109.99	27	28	29	29	29
110- 119.99	31	32	33	33	33
120- 129.99	34	35	36	36	36
130- 139.99	37	38	39	39	39
140- 149.99	40	41	42	42	42
150- 169.99	43	44	45	45	45
170- 189.99	49	50	51	51	51
190- 209.99	55	56	57	57	57
210- 229.99	61	62	63	63	63
230- 249.99	67	68	69	69	69
250- 269.99	73	74	75	75	75
270- 289.99	79	80	81	81	81
290- 309.99	85	86	87	87	87
310- 329.99	91	92	93	93	93
330- 359.99	97	98	99	99	99
360- 389.99	106	107	108	108	108
390- 419.99	115	116	117	117	117
420- 449.99	124	125	126	126	126
450- 479.99	133	134	135	135	135
480- 509.99	142	143	144	144	144
510- 539.99	151	152	153	153	153
540- 569.99	160	161	162	162	162
570- 599.99	169	170	171	171	171
600- 629.99	178	179	180	180	180
630- 659.99	187	188	189	189	189
660- 689.99	196	197	198	198	198
690- 719.99	205	206	207	207	207
720- 749.99	214	215	216	216	216
750- 779.99	216	224	225	225	225
780- 809.99	216	233	234	234	234
810- 839.99	216	238	243	243	243
840- 869.99	1/	238	252	252	252
870- 899.99		238	261	261	261
900- 929.99		238 1/	270	270	270
930- 959.99			274	279	279
960- 989.99			274	288	288
990-1019.99			274	297	297
1020-1049.99			274	306	306
1050-1079.99			1/	310	315

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

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63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

Continued

FOOD STAMP PROGRAM
Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$248	$274	$314	$354	$394
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1080-1109.99				310	324
1110-1139.99				310	333
1140-1169.99				310	342
1170-1199.99				310	346
1200-1229.99				1/	346
1230-1259.99					346
1260-1289.99					346
1290-1319.99					346
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

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63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$434	$474	$514	$554	$594
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0- 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	12	12	12	12	12
60- 69.99	16	16	16	16	16
70- 79.99	19	19	19	19	19
80- 89.99	22	22	22	22	22
90- 99.99	26	26	26	26	26
100- 109.99	29	29	29	29	29
110- 119.99	33	33	33	33	33
120- 129.99	36	36	36	36	36
130- 139.99	39	39	39	39	39
140- 149.99	42	42	42	42	42
150- 169.99	45	45	45	45	45
170- 189.99	51	51	51	51	51
190- 209.99	57	57	57	57	57
210- 229.99	63	63	63	63	63
230- 249.99	69	69	69	69	69
250- 269.99	75	75	75	75	75
270- 289.99	81	81	81	81	81
290- 309.99	87	87	87	87	87
310- 329.99	93	93	93	93	93
330- 359.99	99	99	99	99	99
360- 389.99	108	108	108	108	108
390- 419.99	117	117	117	117	117
420- 449.99	126	126	126	126	126
450- 479.99	135	135	135	135	135
480- 509.99	144	144	144	144	144
510- 539.99	153	153	153	153	153
540- 569.99	162	162	162	162	162
570- 599.99	171	171	171	171	171
600- 629.99	180	180	180	180	180
630- 659.99	189	189	189	189	189
660- 689.99	198	198	198	198	198
690- 719.99	207	207	207	207	207
720- 749.99	216	216	216	216	216
750- 779.99	225	225	225	225	225
780- 809.99	234	234	234	234	234
810- 839.99	243	243	243	243	243
840- 869.99	252	252	252	252	252
870- 899.99	261	261	261	261	261
900- 929.99	270	270	270	270	270
930- 959.99	279	279	279	279	279
960- 989.99	288	288	288	288	288
990-1019.99	297	297	297	297	297
1020-1049.99	306	306	306	306	306
1050-1079.99	315	315	315	315	315

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

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63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency
Continued

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$434	$474	$514	$554	$594
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1080-1109.99	324	324	324	324	324
1110-1139.99	333	333	333	333	333
1140-1169.99	342	342	342	342	342
1170-1199.99	351	351	351	351	351
1200-1229.99	360	360	360	360	360
1230-1259.99	369	369	369	369	369
1260-1289.99	378	378	378	378	378
1290-1319.99	382	387	387	387	387
1320-1349.99	382	396	396	396	396
1350-1379.99	382	405	405	405	405
1380-1409.99	382	414	414	414	414
1410-1439.99	382	418	423	423	423
1440-1469.99	382	418	432	432	432
1470-1499.99	1/	418	441	441	441
1500-1529.99		418	450	450	450
1530-1559.99		418	454	459	459
1560-1589.99		418	454	468	468
1590-1619.99		1/	454	477	477
1620-1649.99			454	486	486
1650-1679.99			454	490	495
1680-1709.99			454	490	504
1710-1739.99			454	490	513
1740-1769.99			1/	490	522
1770-1799.99				490	526
1800-1829.99				490	526
1830-1859.99				490	526
1860-1889.99				1/	526
1890-1919.99					526
1920-1949.99					526
1950-1979.99					526
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

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63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$634	$674	$714	$754	$794
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0- 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	12	12	12	12	12
60- 69.99	16	16	16	16	16
70- 79.99	19	19	19	19	19
80- 89.99	22	22	22	22	22
90- 99.99	26	26	26	26	26
100- 109.99	29	29	29	29	29
110- 119.99	33	33	33	33	33
120- 129.99	36	36	36	36	36
130- 139.99	39	39	39	39	39
140- 149.99	42	42	42	42	42
150- 169.99	45	45	45	45	45
170- 189.99	51	51	51	51	51
190- 209.99	57	57	57	57	57
210- 229.99	63	63	63	63	63
230- 249.99	69	69	69	69	69
250- 269.99	75	75	75	75	75
270- 289.99	81	81	81	81	81
290- 309.99	87	87	87	87	87
310- 329.99	93	93	93	93	93
330- 359.99	99	99	99	99	99
360- 389.99	108	108	108	108	108
390- 419.99	117	117	117	117	117
420- 449.99	126	126	126	126	126
450- 479.99	135	135	135	135	135
480- 509.99	144	144	144	144	144
510- 539.99	153	153	153	153	153
540- 569.99	162	162	162	162	162
570- 599.99	171	171	171	171	171
600- 629.99	180	180	180	180	180
630- 659.99	189	189	189	189	189
660- 689.99	198	198	198	198	198
690- 719.99	207	207	207	207	207
720- 749.99	216	216	216	216	216
750- 779.99	225	225	225	225	225
780- 809.99	234	234	234	234	234
810- 839.99	243	243	243	243	243
840- 869.99	252	252	252	252	252
870- 899.99	261	261	261	261	261
900- 929.99	270	270	270	270	270
930- 959.99	279	279	279	279	279
960- 989.99	288	288	288	288	288
990- 1019.99	297	297	297	297	297
1020- 1049.99	306	306	306	306	306
1050- 1079.99	315	315	315	315	315

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

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63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$634	$674	$714	$754	$794
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1080- 1109.99	324	324	324	324	324
1110- 1139.99	333	333	333	333	333
1140- 1169.99	342	342	342	342	342
1170- 1199.99	351	351	351	351	351
1200- 1229.99	360	360	360	360	360
1230- 1259.99	369	369	369	369	369
1260- 1289.99	378	378	378	378	378
1290- 1319.99	387	387	387	387	387
1320- 1349.99	396	396	396	396	396
1350- 1379.99	405	405	405	405	405
1380- 1409.99	414	414	414	414	414
1410- 1439.99	423	423	423	423	423
1440- 1469.99	432	432	432	432	432
1470- 1499.99	441	441	441	441	441
1500- 1529.99	450	450	450	450	450
1530- 1559.99	459	459	459	459	459
1560- 1589.99	468	468	468	468	468
1590- 1619.99	477	477	477	477	477
1620- 1649.99	486	486	486	486	486
1650- 1679.99	495	495	495	495	495
1680- 1709.99	504	504	504	504	504
1710- 1739.99	513	513	513	513	513
1740- 1769.99	522	522	522	522	522
1770- 1799.99	531	531	531	531	531
1800- 1829.99	540	540	540	540	540
1830- 1859.99	549	549	549	549	549
1860- 1889.99	558	558	558	558	558
1890- 1919.99	562	567	567	567	567
1920- 1949.99	562	576	576	576	576
1950- 1979.99	562	585	585	585	585
1980- 2009.99	562	594	594	594	594
2010- 2039.99	562	598	603	603	603
2040- 2069.99	562	598	612	612	612
2070- 2099.99	562	598	621	621	621
2100- 2129.99	562	598	630	630	630
2130- 2159.99	1/	598	634	639	639
2160- 2189.99		598	634	648	648
2190- 2219.99		598	634	657	657
2220- 2249.99		598	634	666	666
2250- 2279.99		1/	634	670	675
2280- 2309.99			634	670	684
2310- 2339.99			634	670	693
2340- 2369.99			634	670	702
2370- 2399.99			634	670	706
2400- 2429.99			1/	670	706
2430- 2459.99				670	706
2460- 2489.99				670	706
2490- 2519.99				1/	

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

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63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$634	$674	$714	$754	$794
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
2520-2549.99					706
2550-2579.99					706
2580-2609.99					706
2610-2639.99					706
2640-2669.99					706 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

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63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	1	2	3	4	5
Coupon Allotment	$39	$72	$104	$131	$155
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.75	0.75	0.00	0.00	0.00
30- 39.99	3.00	3.00	3.00	3.00	3.75
40- 49.99	4.50	5.25	5.25	5.25	6.00
50- 59.99	6.00	7.50	7.50	7.50	8.25
60- 69.99	7.50	9.00	9.75	9.75	10.50
70- 79.99	9.00	11.25	12.00	12.00	12.75
80- 89.99	10.50	13.50	14.25	14.25	15.00
90- 99.99	12.00	15.75	15.75	16.50	17.25
100- 109.99	13.50	17.25	18.00	18.75	19.50
110- 119.99	15.75	19.50	20.25	21.00	21.75
120- 129.99	18.00	21.75	22.50	23.25	24.75
130- 139.99	20.25	24.00	24.75	25.50	27.00
140- 149.99	22.50	26.25	27.00	27.75	29.25
150- 169.99	24.75	28.50	30.00	30.75	31.50
170- 189.99	29.25	33.00	34.50	35.25	36.00
190- 209.99	30.00	37.50	39.00	39.75	40.50
210- 229.99	31.50	42.00	43.50	44.25	45.00
230- 249.99	31.50	46.50	48.00	48.75	49.50
250- 269.99	31.50	51.00	52.50	53.25	54.00
270- 289.99	1/	55.50	57.00	57.75	58.50
290- 309.99		57.00	61.50	62.25	63.00
310- 329.99		57.00	66.00	66.75	67.50
330- 359.99		57.00	70.50	71.25	72.00
360- 389.99		1/	77.25	78.00	78.75
390- 419.99			84.00	84.75	85.50
420- 449.99			90.00	91.50	92.25
450- 479.99			90.00	98.25	99.00
480- 509.99			1/	105.00	105.75
510- 539.99				111.75	112.50
540- 569.99				112.50	119.25
570- 599.99				112.50	126.00
600- 629.99				1/	132.75
630- 659.99					133.50
660- 689.99					133.50
690- 719.99					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	262	344	460	580	687	827	913	1047	1180	1313	1446	1579	1712	1845	1978

Household Size	16	17	18	19	20
Adjusted Monthly Net Income	2111	2244	2377	2510	2643

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
Three Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	6	7	8	9	10
Coupon Allotment	$186	$206	$236	$266	$296
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	8.25	9.00	9.00	9.00	9.00
60- 69.99	10.50	11.25	12.00	12.00	12.00
70- 79.99	12.75	13.50	14.25	14.25	14.25
80- 89.99	15.75	15.75	16.50	16.50	16.50
90- 99.99	18.00	18.75	19.50	19.50	19.50
100- 109.99	20.25	21.00	21.75	21.75	21.75
110- 119.99	23.25	24.00	24.75	24.75	24.75
120- 129.99	25.50	26.25	27.00	27.00	27.00
130- 139.99	27.75	28.50	29.25	29.25	29.25
140- 149.99	30.00	30.75	31.50	31.50	31.50
150- 169.99	32.25	33.00	33.75	33.75	33.75
170- 189.99	36.75	37.50	38.25	38.25	38.25
190- 209.99	41.25	42.00	42.75	42.75	42.75
210- 229.99	45.75	46.50	47.25	47.25	47.25
230- 249.99	50.25	51.00	51.75	51.75	51.75
250- 269.99	54.75	55.50	56.25	56.25	56.25
270- 289.99	59.25	60.00	60.75	60.75	60.75
290- 309.99	63.75	64.50	65.25	65.25	65.25
310- 329.99	68.25	69.00	69.75	69.75	69.75
330- 359.99	72.75	73.50	74.25	74.25	74.25
360- 389.99	79.50	80.25	81.00	81.00	81.00
390- 419.99	86.25	87.00	87.75	87.75	87.75
420- 449.99	93.00	93.75	94.50	94.50	94.50
450- 479.99	99.75	100.50	101.25	101.25	101.25
480- 509.99	106.50	107.25	108.00	108.00	108.00
510- 539.99	113.25	114.00	114.75	114.75	114.75
540- 569.99	120.00	120.75	121.50	121.50	121.50
570- 599.99	126.75	127.50	128.25	128.25	128.25
600- 629.99	133.50	134.25	135.00	135.00	135.00
630- 659.99	140.25	141.00	141.75	141.75	141.75
660- 689.99	147.00	147.75	148.50	148.50	148.50
690- 719.99	153.75	154.50	155.25	155.25	155.25
720- 749.99	160.50	161.25	162.00	162.00	162.00
750-779.99	162.00	168.00	168.75	168.75	168.75
780- 809.99	162.00	174.75	175.50	175.50	175.50
810- 839.99	162.00	178.50	182.25	182.25	182.25
840- 869.99	1/	178.50	189.00	189.00	189.00
870- 899.99		178.50	195.75	195.75	195.75
900- 929.99		178.50	202.50	202.50	202.50
930- 959.99		1/	205.50	209.25	209.25
960- 989.99			205.50	216.00	216.00
990-1019.99			205.50	222.75	222.75
1020-1049.99			205.50	229.50	229.50
1050-1079.99			1/	232.50	236.25
1080-1109.99				232.50	243.00
1110-1139.99				232.50	249.75
1140-1169.99				232.50	256.50
1170-1199.99				232.50	259.50
1200-1229.99				1/	259.50
1230-1259.99					259.50
1260-1289.99					259.50
1290-1319.99					259.50 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	$326	$356	$386	$416	$446
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	9.00	9.00	9.00	9.00	9.00
60- 69.99	12.00	12.00	12.00	12.00	12.00
70- 79.99	14.25	14.25	14.25	14.25	14.25
80- 89.99	16.50	16.50	16.50	16.50	16.50
90- 99.99	19.50	19.50	19.50	19.50	19.50
100- 109.99	21.75	21.75	21.75	21.75	21.75
110- 119.99	24.75	24.75	24.75	24.75	24.75
120- 129.99	27.00	27.00	27.00	27.00	27.00
130- 139.99	29.25	29.25	29.25	29.25	29.25
140- 149.99	31.50	31.50	31.50	31.50	31.50
150- 169.99	33.75	33.75	33.75	33.75	33.75
170- 189.99	38.25	38.25	38.25	38.25	38.25
190- 209.99	42.75	42.75	42.75	42.75	42.75
210- 229.99	47.25	47.25	47.25	47.25	47.25
230- 249.99	51.75	51.75	51.75	51.75	51.75
250- 269.99	56.25	56.25	56.25	56.25	56.25
270- 289.99	60.75	60.75	60.75	60.75	60.75
290- 309.99	65.25	65.25	65.25	65.25	65.25
310- 329.99	69.75	69.75	69.75	69.75	69.75
330- 359.99	74.25	74.25	74.25	74.25	74.25
360- 389.99	81.00	81.00	81.00	81.00	81.00
390- 419.99	87.75	87.75	87.75	87.75	87.75
420- 449.99	94.50	94.50	94.50	94.50	94.50
450- 479.99	101.25	101.25	101.25	101.25	101.25
480- 509.99	108.00	108.00	108.00	108.00	108.00
510- 539.99	114.75	114.75	114.75	114.75	114.75
540- 569.99	121.50	121.50	121.50	121.50	121.50
570- 599.99	128.25	128.25	128.25	128.25	128.25
600- 629.99	135.00	135.00	135.00	135.00	135.00
630- 659.99	141.75	141.75	141.75	141.75	141.75
660- 689.99	148.50	148.50	148.50	148.50	148.50
690- 719.99	155.25	155.25	155.25	155.25	155.25
720- 749.99	162.00	162.00	162.00	162.00	162.00
750- 779.99	168.75	168.75	168.75	168.75	168.75
780- 809.99	175.50	175.50	175.50	175.50	175.50
810- 839.99	182.25	182.25	182.25	182.25	182.25
840- 869.99	189.00	189.00	189.00	189.00	189.00
870- 899.99	195.75	195.75	195.75	195.75	195.75
900- 929.99	202.50	202.50	202.50	202.50	202.50
930- 959.99	209.25	209.25	209.25	209.25	209.25
960- 989.99	216.00	216.00	216.00	216.00	216.00
990-1019.99	222.75	222.75	222.75	222.75	222.75
1020-1049.99	229.50	229.50	229.50	229.50	229.50
1050-1079.99	236.25	236.25	236.25	236.25	236.25

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	$326	$356	$386	$416	$446
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
1080-1109.99	243.00	243.00	243.00	243.00	243.00
1110-1139.99	249.75	249.75	249.75	249.75	249.75
1140-1169.99	256.50	256.50	256.50	256.50	256.50
1170-1199.99	263.25	263.25	263.25	263.25	263.25
1200-1229.99	270.00	270.00	270.00	270.00	270.00
1230-1259.99	276.75	276.75	276.75	276.75	276.75
1260-1289.99	283.50	283.50	283.50	283.50	283.50
1290-1319.99	286.50	290.25	290.25	290.25	290.25
1320-1349.99	286.50	297.00	297.00	297.00	297.00
1350-1379.99	286.50	303.75	303.75	303.75	303.75
1380-1409.99	286.50	310.50	310.50	310.50	310.50
1410-1439.99	286.50	313.50	317.25	317.25	317.25
1440-1469.99	286.50	313.50	324.00	324.00	324.00
1470-1499.99	1/	313.50	330.75	330.75	330.75
1500-1529.99		313.50	337.50	337.50	337.50
1530-1559.99		313.50	340.50	344.25	344.25
1560-1589.99		313.50	340.50	351.00	351.00
1590-1619.99		1/	340.50	357.75	357.75
1620-1649.99			340.50	364.50	364.50
1650-1679.99			340.50	367.50	371.25
1680-1709.99			340.50	367.50	378.00
1710-1739.99			340.50	367.50	384.75
1740-1769.99			1/	367.50	391.50
1770-1799.99				367.50	394.50
1800-1829.99				367.50	394.50
1830-1859.99				367.50	394.50
1860-1889.99				1/	394.50
1890-1919.99					394.50
1920-1949.99					394.50
1950-1979.99					394.50
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	$476	$506	$536	$566	$596
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	9.00	9.00	9.00	9.00	9.00
60- 69.99	12.00	12.00	12.00	12.00	12.00
70- 79.99	14.25	14.25	14.25	14.25	14.25
80- 89.99	16.50	16.50	16.50	16.50	16.50
90- 99.99	19.50	19.50	19.50	19.50	19.50
100- 109.99	21.75	21.75	21.75	21.75	21.75
110- 119.99	24.75	24.75	24.75	24.75	24.75
120- 129.99	27.00	27.00	27.00	27.00	27.00
130- 139.99	29.25	29.25	29.25	29.25	29.25
140- 149.99	31.50	31.50	31.50	31.50	31.50
150- 169.99	33.75	33.75	33.75	33.75	33.75
170- 189.99	38.25	38.25	38.25	38.25	38.25
190- 209.99	42.75	42.75	42.75	42.75	42.75
210- 229.99	47.25	47.25	47.25	47.25	47.25
230- 249.99	51.75	51.75	51.75	51.75	51.75
250- 269.99	56.25	56.25	56.25	56.25	56.25
270- 289.99	60.75	60.75	60.75	60.75	60.75
290- 309.99	65.25	65.25	65.25	65.25	65.25
310- 329.99	69.75	69.75	69.75	69.75	69.75
330- 359.99	74.25	74.25	74.25	74.25	74.25
360- 389.99	81.00	81.00	81.00	81.00	81.00
390- 419.99	87.75	87.75	87.75	87.75	87.75
420- 449.99	94.50	94.50	94.50	94.50	94.50
450- 479.99	101.25	101.25	101.25	101.25	101.25
480- 509.99	108.00	108.00	108.00	108.00	108.00
510- 539.99	114.75	114.75	114.75	114.75	114.75
540- 569.99	121.50	121.50	121.50	121.50	121.50
570- 599.99	128.25	128.25	128.25	128.25	128.25
600- 629.99	135.00	135.00	135.00	135.00	135.00
630- 659.99	141.75	141.75	141.75	141.75	141.75
660- 689.99	148.50	148.50	148.50	148.50	148.50
690- 719.99	155.25	155.25	155.25	155.25	155.25
720- 749.99	162.00	162.00	162.00	162.00	162.00
750- 779.99	168.75	168.75	168.75	168.75	168.75
780- 809.99	175.50	175.50	175.50	175.50	175.50
810- 839.99	182.25	182.25	182.25	182.25	182.25
840- 869.99	189.00	189.00	189.00	189.00	189.00
870- 899.99	195.75	195.75	195.75	195.75	195.75
900- 929.99	202.50	202.50	202.50	202.50	202.50
930- 959.99	209.25	209.25	209.25	209.25	209.25
960- 989.99	216.00	216.00	216.00	216.00	216.00
990-1019.99	222.75	222.75	222.75	222.75	222.75
1020-1049.99	229.50	229.50	229.50	229.50	229.50
1050-1079.99	236.25	236.25	236.25	236.25	236.25

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	$476	$506	$536	$566	$596
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
1080-1109.99	243.00	243.00	243.00	243.00	243.00
1110-1139.99	249.75	249.75	249.75	249.75	249.75
1140-1169.99	256.50	256.50	256.50	256.50	256.50
1170-1199.99	263.25	263.25	263.25	263.25	263.25
1200-1229.99	270.00	270.00	270.00	270.00	270.00
1230-1259.99	276.75	276.75	276.75	276.75	276.75
1260-1289.99	283.50	283.50	283.50	283.50	283.50
1290-1319.99	290.25	290.25	290.25	290.25	290.25
1320-1349.99	297.00	297.00	297.00	297.00	297.00
1350-1379.99	303.75	303.75	303.75	303.75	303.75
1380-1409.99	310.50	310.50	310.50	310.50	310.50
1410-1439.99	317.25	317.25	317.25	317.25	317.25
1440-1469.99	324.00	324.00	324.00	324.00	324.00
1470-1499.99	330.75	330.75	330.75	330.75	330.75
1500-1529.99	337.50	337.50	337.50	337.50	337.50
1530-1559.99	344.25	344.25	344.25	344.25	344.25
1560-1589.99	351.00	351.00	351.00	351.00	351.00
1590-1619.99	357.75	357.75	357.75	357.75	357.75
1620-1649.99	364.50	364.50	364.50	364.50	364.50
1650-1679.99	371.25	371.25	371.25	371.25	371.25
1680-1709.99	378.00	378.00	378.00	378.00	378.00
1710-1739.99	384.75	384.75	384.75	384.75	384.75
1740-1769.99	391.50	391.50	391.50	391.50	391.50
1770-1799.99	398.25	398.25	398.25	398.25	398.25
1800-1829.99	405.00	405.00	405.00	405.00	405.00
1830-1859.99	411.75	411.75	411.75	411.75	411.75
1860-1889.99	418.50	418.50	418.50	418.50	418.50
1890-1919.99	421.50	425.25	425.25	425.25	425.25
1920-1949.99	421.50	432.00	432.00	432.00	432.00
1950-1979.99	421.50	438.75	438.75	438.75	438.75
1980-2009.99	421.50	445.50	445.50	445.50	445.50
2010-2039.99	421.50	448.50	452.25	452.25	452.25
2040-2069.99	421.50	448.50	459.00	459.00	459.00
2070-2099.99	421.50	448.50	465.75	465.75	465.75
2100-2129.99	421.50	448.50	472.50	472.50	472.50
2130-2159.99	1/	448.50	475.50	479.25	479.25
2160-2189.99		448.50	475.50	486.00	486.00
2190-2219.99		448.50	475.50	492.75	492.75
2220-2249.99		448.50	475.50	499.50	499.50
2250-2279.99		1/	475.50	502.50	506.25
2280-2309.99			475.50	502.50	513.00
2310-2339.99			475.50	502.50	519.75
2340-2369.99			475.50	502.50	526.50
2370-2399.99			475.50	502.50	529.50
2400-2429.99			1/	502.50	529.50
2430-2459.99				502.50	529.50
2460-2489.99				502.50	529.50
2490-2519.99				502.50	529.50
				1/	

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$476	$506	$536	$566	$596
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
2520-2549.99					529.50
2550-2579.99					529.50
2580-2609.99					529.50
2610-2639.99					529.50
2640-2669.99					529.50 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payment
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SEMIMONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	1	2	3	4	5
Coupon Allotment	$26	$48	$69	$87	$103
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.50	0.50	0.00	0.00	0.00
30- 39.99	2.00	2.00	2.00	2.00	2.50
40- 49.99	3.00	3.50	3.50	3.50	4.00
50- 59.99	4.00	5.00	5.00	5.00	5.50
60- 69.99	5.00	6.00	6.50	6.50	7.00
70- 79.99	6.00	7.50	8.00	8.00	8.50
80- 89.99	7.00	9.00	9.50	9.50	10.00
90- 99.99	8.00	10.50	10.50	11.00	11.50
100- 109.99	9.00	11.50	12.00	12.50	13.00
110- 119.99	10.50	13.00	13.50	14.00	14.50
120- 129.99	12.00	14.50	15.00	15.50	16.50
130- 139.99	13.50	16.00	16.50	17.00	18.00
140- 149.99	15.00	17.50	18.00	18.50	19.50
150- 169.99	16.50	19.00	20.00	20.50	21.00
170- 189.99	19.50	22.00	23.00	23.50	24.00
190- 209.99	20.00	25.00	26.00	26.50	27.00
210- 229.99	21.00	28.00	29.00	29.50	30.00
230- 249.99	21.00	31.00	32.00	32.50	33.00
250- 269.99	21.00	34.00	35.00	35.50	36.00
270- 289.99	1/	37.00	38.00	38.50	39.00
290- 309.99		38.00	41.00	41.50	42.00
310- 329.99		38.00	44.00	44.50	45.00
330- 359.99		38.00	47.00	47.50	48.00
360- 389.99		1/	51.50	52.00	52.50
390- 419.99			56.00	56.50	57.00
420- 449.99			60.00	61.00	61.50
450- 479.99			60.00	65.50	66.00
480- 509.99			1/	70.00	70.50
510- 539.99				74.50	75.00
540- 569.99				75.00	79.50
570- 599.99				75.00	84.00
600- 629.99				1/	88.50
630- 659.99					89.00
660- 689.99					89.00
690- 719.99					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	262	344	460	580	687	827	913	1047	1180	1313	1446	1579	1712	1845	1978

Household Size	16	17	18	19	20
Adjusted Monthly Net Income	2111	2244	2377	2510	2643

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$124	$137	$157	$177	$197
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0– 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20– 29.99	0.00	0.00	0.00	0.00	0.00
30– 39.99	2.50	2.50	2.50	2.50	2.50
40– 49.99	4.00	4.00	4.00	4.00	4.00
50– 59.99	5.50	6.00	6.00	6.00	6.00
60– 69.99	7.00	7.50	8.00	8.00	8.00
70– 79.99	8.50	9.00	9.50	9.50	9.50
80– 89.99	10.50	10.50	11.00	11.00	11.00
90– 99.99	12.00	12.50	13.00	13.00	13.00
100– 109.99	13.50	14.00	14.50	14.50	14.50
110– 119.99	15.50	16.00	16.50	16.50	16.50
120– 129.99	17.00	17.50	18.00	18.00	18.00
130– 139.99	18.50	19.00	19.50	19.50	19.50
140– 149.99	20.00	20.50	21.00	21.00	21.00
150– 169.99	21.50	22.00	22.50	22.50	22.50
170– 189.99	24.50	25.00	25.50	25.50	25.50
190– 209.99	27.50	28.00	28.50	28.50	23.50
210– 229.99	30.50	31.00	31.50	31.50	31.50
230– 249.99	33.50	34.00	34.50	34.50	34.50
250– 269.99	36.50	37.00	37.50	37.50	37.50
270– 289.99	39.50	40.00	40.50	40.50	40.50
290– 309.99	42.50	43.00	43.50	43.50	43.50
310– 329.99	45.50	46.00	46.50	46.50	46.50
330– 359.99	48.50	49.00	49.50	49.50	49.50
360– 389.99	53.00	53.50	54.00	54.00	54.00
390– 419.99	57.50	58.00	58.50	58.50	58.50
420– 449.99	62.00	62.50	63.00	63.00	63.00
450– 479.99	66.50	67.00	67.50	67.50	67.50
480– 509.99	71.00	71.50	72.00	72.00	72.00
510– 539.99	75.50	76.00	76.50	76.50	76.50
540– 569.99	80.00	80.50	81.00	81.00	81.00
570– 599.99	84.50	85.00	85.50	85.50	85.50
600– 629.99	89.00	89.50	90.00	90.00	90.00
630– 659.99	93.50	94.00	94.50	94.50	94.50
660– 689.99	98.00	98.50	99.00	99.00	99.00
690– 719.99	102.50	103.00	103.50	103.50	103.50
720– 749.99	107.00	107.50	108.00	108.00	108.00
750– 779.99	108.00	112.00	112.50	112.50	112.50
780– 809.99	108.00	116.50	117.00	117.00	117.00
810– 839.99	108.00	119.00	121.50	121.50	121.50
840– 869.99	1/	119.00	126.00	126.00	126.00
870– 899.99		119.00	130.50	130.50	130.50
900– 929.99		119.00	135.00	135.00	135.00
930– 959.99		1/	137.00	139.50	139.50
960– 989.99			137.00	144.00	144.00
990– 1019.99			137.00	148.50	148.50
1020– 1049.99			137.00	153.00	153.00
1050– 1079.99			1/	155.00	157.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$124	$137	$157	$177	$197
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 1080- 1109.99				155.00	$ 162.00
1110- 1139.99				155.00	166.50
1140- 1169.99				155.00	171.00
1170- 1199.99				155.00	173.00
1200- 1229.99				1/	173.00
1230- 1259.99					173.00
1260- 1289.99					173.00
1290-1319.99					173.00
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

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31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$217	$237	$257	$277	$297
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	6.00	6.00	6.00	6.00	6.00
60- 69.99	8.00	8.00	8.00	8.00	8.00
70- 79.99	9.50	9.50	9.50	9.50	9.50
80- 89.99	11.00	11.00	11.00	11.00	11.00
90- 99.99	13.00	13.00	13.00	13.00	13.00
100- 109.99	14.50	14.50	14.50	14.50	14.50
110- 119.99	16.50	16.50	16.50	16.50	16.50
120- 129.99	18.00	18.00	18.00	18.00	18.00
130- 139.99	19.50	19.50	19.50	19.50	19.50
140- 149.99	21.00	21.00	21.00	21.00	21.00
150- 169.99	22.50	22.50	22.50	22.50	22.50
170- 189.99	25.50	25.50	25.50	25.50	25.50
190- 209.99	28.50	28.50	28.50	28.50	28.50
210- 229.99	31.50	31.50	31.50	31.50	31.50
230- 249.99	34.50	34.50	34.50	34.50	34.50
250- 269.99	37.50	37.50	37.50	37.50	37.50
270- 289.99	40.50	40.50	40.50	40.50	40.50
290- 309.99	43.50	43.50	43.50	43.50	43.50
310- 329.99	46.50	46.50	46.50	46.50	46.50
330- 359.99	49.50	49.50	49.50	49.50	49.50
360- 389.99	54.00	54.00	54.00	54.00	54.00
390- 419.99	58.50	58.50	58.50	58.50	58.50
420- 449.99	63.00	63.00	63.00	63.00	63.00
450- 479.99	67.50	67.50	67.50	67.50	67.50
480- 509.99	72.00	72.00	72.00	72.00	72.00
510- 539.99	76.50	76.50	76.50	76.50	76.50
540- 569.99	81.00	81.00	81.00	81.00	81.00
570- 599.99	85.50	85.50	85.50	85.50	85.50
600- 629.99	90.00	90.00	90.00	90.00	90.00
630- 659.99	94.50	94.50	94.50	94.50	94.50
660- 689.99	99.00	99.00	99.00	99.00	99.00
690- 719.99	103.50	103.50	103.50	103.50	103.50
720- 749.99	108.00	108.00	108.00	108.00	108.00
750- 779.99	112.50	112.50	112.50	112.50	112.50
780- 809.99	117.00	117.00	117.00	117.00	117.00
810- 839.99	121.50	121.50	121.50	121.50	121.50
840- 869.99	126.00	126.00	126.00	126.00	126.00
870- 899.99	130.50	130.50	130.50	130.50	130.50
900- 929.99	135.00	135.00	135.00	135.00	135.00
930- 959.99	139.50	139.50	139.50	139.50	139.50
960- 989.99	144.00	144.00	144.00	144.00	144.00
990- 1019.99	148.50	148.50	148.50	148.50	148.50
1020- 1049.99	153.00	153.00	153.00	153.00	153.00
1050- 1079.99	157.50	157.50	157.50	157.50	157.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$217	$237	$257	$277	$297
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
1080-1109.99	162.00	162.00	162.00	162.00	162.00
1110-1139.99	166.50	166.50	166.50	166.50	166.50
1140-1169.99	171.00	171.00	171.00	171.00	171.00
1170-1199.99	175.50	175.50	175.50	175.50	175.50
1200-1229.99	180.00	180.00	180.00	180.00	180.00
1230-1259.99	184.50	184.50	184.50	184.50	184.50
1260-1289.99	189.00	189.00	189.00	189.00	189.00
1290-1319.99	191.00	193.50	193.50	193.50	193.50
1320-1349.99	191.00	198.00	198.00	198.00	198.00
1350-1379.99	191.00	202.50	202.50	202.50	202.50
1380-1409.99	191.00	207.00	207.00	207.00	207.00
1410-1439.99	191.00	209.00	211.50	211.50	211.50
1440-1469.99	191.00	209.00	216.00	216.00	216.00
1470-1499.99	1/	209.00	220.50	220.50	220.50
1500-1529.99		209.00	225.00	225.00	225.00
1530-1559.99		209.00	227.00	229.50	229.50
1560-1589.99		209.00	227.00	234.00	234.00
1590-1619.99		1/	227.00	238.50	238.50
1620-1649.99			227.00	243.00	243.00
1650-1679.99			227.00	245.00	247.50
1680-1709.99			227.00	245.00	252.00
1710-1739.99			227.00	245.00	256.50
1740-1769.99			1/	245.00	261.00
1770-1799.99				245.00	263.00
1800-1829.99				245.00	263.00
1830-1859.99				245.00	263.00
1860-1889.99				1/	263.00
1890-1919.99					263.00
1920-1949.99					263.00
1950-1979.99					263.00
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

DO NOT WRITE IN THIS SPACE

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$317	$337	$357	$377	$397
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	6.00	6.00	6.00	6.00	6.00
60- 69.99	8.00	8.00	8.00	8.00	8.00
70- 79.99	9.50	9.50	9.50	9.50	9.50
80- 89.99	11.00	11.00	11.00	11.00	11.00
90- 99.99	13.00	13.00	13.00	13.00	13.00
100- 109.99	14.50	14.50	14.50	14.50	14.50
110- 119.99	16.50	16.50	16.50	16.50	16.50
120- 129.99	18.00	18.00	18.00	18.00	18.00
130- 139.99	19.50	19.50	19.50	19.50	19.50
140- 149.99	21.00	21.00	21.00	21.00	21.00
150- 169.99	22.50	22.50	22.50	22.50	22.50
170- 189.99	25.50	25.50	25.50	25.50	25.50
190- 209.99	28.50	28.50	28.50	28.50	28.50
210- 229.99	31.50	31.50	31.50	31.50	31.50
230- 249.99	34.50	34.50	34.50	34.50	34.50
250- 269.99	37.50	37.50	37.50	37.50	37.50
270- 289.99	40.50	40.50	40.50	40.50	40.50
290- 309.99	43.50	43.50	43.50	43.50	43.50
310- 329.99	46.50	46.50	46.50	46.50	46.50
330- 359.99	49.50	49.50	49.50	49.50	49.50
360- 389.99	54.00	54.00	54.00	54.00	54.00
390- 419.99	58.50	58.50	58.50	58.50	58.50
420- 449.99	63.00	63.00	63.00	63.00	63.00
450- 479.99	67.50	67.50	67.50	67.50	67.50
480- 509.99	72.00	72.00	72.00	72.00	72.00
510- 539.99	76.50	76.50	76.50	76.50	76.50
540- 569.99	81.00	81.00	81.00	81.00	81.00
570- 599.99	85.50	85.50	85.50	85.50	85.50
600- 629.99	90.00	90.00	90.00	90.00	90.00
630- 659.99	94.50	94.50	94.50	94.50	94.50
660- 689.99	99.00	99.00	99.00	99.00	99.00
690- 719.99	103.50	103.50	103.50	103.50	103.50
720- 749.99	108.00	108.00	108.00	108.00	108.00
750- 779.99	112.50	112.50	112.50	112.50	112.50
780- 809.99	117.00	117.00	117.00	117.00	117.00
810- 839.99	121.50	121.50	121.50	121.50	121.50
840- 869.99	126.00	126.00	126.00	126.00	126.00
870- 899.99	130.50	130.50	130.50	130.50	130.50
900- 929.99	135.00	135.00	135.00	135.00	135.00
930- 959.99	139.50	139.50	139.50	139.50	139.50
960- 989.99	144.00	144.00	144.00	144.00	144.00
990- 1019.99	148.50	148.50	148.50	148.50	148.50
1020- 1049.99	153.00	153.00	153.00	153.00	153.00
1050- 1079.99	157.50	157.50	157.50	157.50	157.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
Semimonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$317	$337	$357	$377	$397
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
1080- 1109.99	162.00	162.00	162.00	162.00	162.00
1110- 1139.99	166.50	166.50	166.50	166.50	166.50
1140- 1169.99	171.00	171.00	171.00	171.00	171.00
1170- 1199.99	175.50	175.50	175.50	175.50	175.50
1200- 1229.99	180.00	180.00	180.00	180.00	180.00
1230- 1259.99	184.50	184.50	184.50	184.50	184.50
1260- 1289.99	189.00	189.00	189.00	189.00	189.00
1290- 1319.99	193.50	193.50	193.50	193.50	193.50
1320- 1349.99	198.00	198.00	198.00	198.00	198.00
1350- 1379.99	202.50	202.50	202.50	202.50	202.50
1380- 1409.99	207.00	207.00	207.00	207.00	207.00
1410- 1439.99	211.50	211.50	211.50	211.50	211.50
1440- 1469.99	216.00	216.00	216.00	216.00	216.00
1470- 1499.99	220.50	220.50	220.50	220.50	220.50
1500- 1529.99	225.00	225.00	225.00	225.00	225.00
1530- 1559.99	229.50	229.50	229.50	229.50	229.50
1560- 1589.99	234.00	234.00	234.00	234.00	234.00
1590- 1619.99	238.50	238.50	238.50	238.50	238.50
1620- 1649.99	243.00	243.00	243.00	243.00	243.00
1650- 1679.99	247.50	247.50	247.50	247.50	247.50
1680- 1709.99	252.00	252.00	252.00	252.00	252.00
1710- 1739.99	256.50	256.50	256.50	256.50	256.50
1740- 1769.99	261.00	261.00	261.00	261.00	261.00
1770- 1799.99	265.50	265.50	265.50	265.50	265.50
1800- 1829.99	270.00	270.00	270.00	270.00	270.00
1830- 1859.99	274.50	274.50	274.50	274.50	274.50
1860- 1889.99	279.00	279.00	279.00	279.00	279.00
1890- 1919.99	281.00	283.50	283.50	283.50	283.50
1920- 1949.99	281.00	288.00	288.00	288.00	288.00
1950- 1979.99	281.00	292.50	292.50	292.50	292.50
1980- 2009.99	281.00	297.00	297.00	297.00	297.00
2010- 2039.99	281.00	299.00	301.50	301.50	301.50
2040- 2069.99	281.00	299.00	306.00	306.00	306.00
2070- 2099.99	281.00	299.00	310.50	310.50	310.50
2100- 2129.99	281.00	299.00	315.00	315.00	315.00
2130- 2159.99	1/	299.00	317.00	319.50	319.50
2160- 2189.99		299.00	317.00	324.00	324.00
2190- 2219.99		299.00	317.00	328.50	328.50
2220- 2249.99		299.00	317.00	333.00	333.00
2250- 2279.99		1/	317.00	335.00	337.50
2280- 2309.99			317.00	335.00	342.00
2310- 2339.99			317.00	335.00	346.50
2340- 2369.99			317.00	335.00	351.00
2370- 2399.99			317.00	335.00	353.00
2400- 2429.99			1/	335.00	353.00
2430- 2459.99				335.00	353.00
2460- 2489.99				335.00	353.00
2490- 2519.99				335.00	353.00
				1/	

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$317	$337	$357	$377	$397
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
2520-2549.99					353.00
2550-2579.99					353.00
2580-2609.99					353.00
2610-2639.99					353.00
2640-2669.99					353.00 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	1	2	3	4	5
Coupon Allotment	$13	$24	$35	$44	$52
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0- 19.99	$0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.25	0.25	0.00	0.00	0.00
30- 39.99	1.00	1.00	1.00	1.00	1.25
40- 49.99	1.50	1.75	1.75	1.75	2.00
50- 59.99	2.00	2.50	2.50	2.50	2.75
60- 69.99	2.50	3.00	3.25	3.25	3.50
70- 79.99	3.00	3.75	4.00	4.00	4.25
80- 89.99	3.50	4.50	4.75	4.75	5.00
90- 99.99	4.00	5.25	5.25	5.50	5.75
100- 109.99	4.50	5.75	6.00	6.25	6.50
110- 119.99	5.25	6.50	6.75	7.00	7.25
120- 129.99	6.00	7.25	7.50	7.75	8.25
130- 139.99	6.75	8.00	8.25	8.50	9.00
140- 149.99	7.50	8.75	9.00	9.25	9.75
150- 169.99	8.25	9.50	10.00	10.25	10.50
170- 189.99	9.75	11.00	11.50	11.75	12.00
190- 209.99	10.00	12.50	13.00	13.25	13.50
210- 229.99	10.50	14.00	14.50	14.75	15.00
230- 249.99	10.50	15.50	16.00	16.25	16.50
250- 269.99	10.50	17.00	17.50	17.75	18.00
270- 289.99	1/	18.50	19.00	19.25	19.50
290- 309.99		19.00	20.50	20.75	21.00
310- 329.99		19.00	22.00	22.25	22.50
330- 359.99		19.00	23.50	23.75	24.00
360- 389.99		1/	25.75	26.00	26.25
390- 419.99			28.00	28.25	28.50
420- 449.99			30.00	30.50	30.75
450- 479.99			30.00	32.75	33.00
480- 509.99			1/	35.00	35.25
510- 539.99				37.25	37.50
540- 569.99				37.50	39.75
570- 599.99				37.50	42.00
600- 629.99				1/	44.25
630- 659.99					44.50
660- 689.99					44.50 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	262	344	460	580	687	827	913	1047	1180	1313	1446	1579	1712	1845	1978

Household Size	16	17	18	19	20
Adjusted Monthly Net Income	2111	2244	2377	2510	2643

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31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	6	7	8	9	10
Coupon Allotment	$62	$69	$79	$89	$99
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	2.75	3.00	3.00	3.00	3.00
60- 69.99	3.50	3.75	4.00	4.00	4.00
70- 79.99	4.25	4.50	4.75	4.75	4.75
80- 89.99	5.25	5.25	5.50	5.50	5.50
90- 99.99	6.00	6.25	6.50	6.50	6.50
100- 109.99	6.75	7.00	7.25	7.25	7.25
110- 119.99	7.75	8.00	8.25	8.25	8.25
120- 129.99	8.50	8.75	9.00	9.00	9.00
130- 139.99	9.25	9.50	9.75	9.75	9.75
140- 149.99	10.00	10.25	10.50	10.50	10.50
150- 169.99	10.75	11.00	11.25	11.25	11.25
170- 189.99	12.25	12.50	12.75	12.75	12.75
190- 209.99	13.75	14.00	14.25	14.25	14.25
210- 229.99	15.25	15.50	15.75	15.75	15.75
230- 249.99	16.75	17.00	17.25	17.25	17.25
250- 269.99	18.25	18.50	18.75	18.75	18.75
270- 289.99	19.75	20.00	20.25	20.25	20.25
290- 309.99	21.25	21.50	21.75	21.75	21.75
310- 329.99	22.75	23.00	23.25	23.25	23.25
330- 359.99	24.25	24.50	24.75	24.75	24.75
360- 389.99	26.50	26.75	27.00	27.00	27.00
390- 419.99	28.75	29.00	29.25	29.25	29.25
420- 449.99	31.00	31.25	31.50	31.50	31.50
450- 479.99	33.25	33.50	33.75	33.75	33.75
480- 509.99	35.50	35.75	36.00	36.00	36.00
510- 539.99	37.75	38.00	38.25	38.25	38.25
540- 569.99	40.00	40.25	40.50	40.50	40.50
570- 599.99	42.25	42.50	42.75	42.75	42.75
600- 629.99	44.50	44.75	45.00	45.00	45.00
630- 659.99	46.75	47.00	47.25	47.25	47.25
660- 689.99	49.00	49.25	49.50	49.50	49.50
690- 719.99	51.25	51.50	51.75	51.75	51.75
720- 749.99	53.50	53.75	54.00	54.00	54.00
750- 779.99	54.00	56.00	56.25	56.25	56.25
780- 809.99	54.00	58.25	58.50	58.50	58.50
810- 839.99	54.00	59.50	60.75	60.75	60.75
840- 869.99	1/	59.50	63.00	63.00	63.00
870- 899.99		59.50	65.25	65.25	65.25
900- 929.99		59.50	67.50	67.50	67.50
930- 959.99		1/	68.50	69.75	69.75
960- 989.99			68.50	72.00	72.00
990-1019.99			68.50	74.25	74.25
1020-1049.99			68.50	76.50	76.50
1050-1079.99			1/	77.50	78.75
1080-1109.99				77.50	81.00
1110-1139.99				77.50	83.25
1140-1169.99				77.50	85.50
1170-1199.99				77.50	86.50
1200-1229.99				1/	86.50
1230-1259.99					86.50
1260-1289.99					86.50
1290-1319.99					86.50 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	$109	$119	$129	$139	$149
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	3.00	3.00	3.00	3.00	3.00
60- 69.99	4.00	4.00	4.00	4.00	4.00
70- 79.99	4.75	4.75	4.75	4.75	4.75
80- 89.99	5.50	5.50	5.50	5.50	5.50
90- 99.99	6.50	6.50	6.50	6.50	6.50
100- 109.99	7.25	7.25	7.25	7.25	7.25
110- 119.99	8.25	8.25	8.25	8.25	8.25
120- 129.99	9.00	9.00	9.00	9.00	9.00
130- 139.99	9.75	9.75	9.75	9.75	9.75
140- 149.99	10.50	10.50	10.50	10.50	10.50
150- 169.99	11.25	11.25	11.25	11.25	11.25
170- 189.99	12.75	12.75	12.75	12.75	12.75
190- 209.99	14.25	14.25	14.25	14.25	14.25
210- 229.99	15.75	15.75	15.75	15.75	15.75
230- 249.99	17.25	17.25	17.25	17.25	17.25
250- 269.99	18.75	18.75	18.75	18.75	18.75
270- 289.99	20.25	20.25	20.25	20.25	20.25
290- 309.99	21.75	21.75	21.75	21.75	21.75
310- 329.99	23.25	23.25	23.25	23.25	23.25
330- 359.99	24.75	24.75	24.75	24.75	24.75
360- 389.99	27.00	27.00	27.00	27.00	27.00
390- 419.99	29.25	29.25	29.25	29.25	29.25
420- 449.99	31.50	31.50	31.50	31.50	31.50
450- 479.99	33.75	33.75	33.75	33.75	33.75
480- 509.99	36.00	36.00	36.00	36.00	36.00
510- 539.99	38.25	38.25	38.25	38.25	38.25
540- 569.99	40.50	40.50	40.50	40.50	40.50
570- 599.99	42.75	42.75	42.75	42.75	42.75
600- 629.99	45.00	45.00	45.00	45.00	45.00
630- 659.99	47.25	47.25	47.25	47.25	47.25
660- 689.99	49.50	49.50	49.50	49.50	49.50
690- 719.99	51.75	51.75	51.75	51.75	51.75
720- 749.99	54.00	54.00	54.00	54.00	54.00
750- 779.99	56.25	56.25	56.25	56.25	56.25
780- 809.99	58.50	58.50	58.50	58.50	58.50
810- 839.99	60.75	60.75	60.75	60.75	60.75
840- 869.99	63.00	63.00	63.00	63.00	63.00
870- 899.99	65.25	65.25	65.25	65.25	65.25
900- 929.99	67.50	67.50	67.50	67.50	67.50
930- 959.99	69.75	69.75	69.75	69.75	69.75
960- 989.99	72.00	72.00	72.00	72.00	72.00
990-1019.99	74.25	74.25	74.25	74.25	74.25
1020-1049.99	76.50	76.50	76.50	76.50	76.50
1050-1079.99	78.75	78.75	78.75	78.75	78.75

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$109	$119	$129	$139	$149
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
1080-1109.99	$81.00	$81.00	$ 81.00	$ 81.00	$ 81.00
1110-1139.99	83.25	83.25	83.25	83.25	83.25
1140-1169.99	85.50	85.50	85.50	85.50	85.50
1170-1199.99	87.75	87.75	87.75	87.75	87.75
1200-1229.99	90.00	90.00	90.00	90.00	90.00
1230-1259.99	92.25	92.25	92.25	92.25	92.25
1260-1289.99	94.50	94.50	94.50	94.50	94.50
1290-1319.99	95.50	96.75	96.75	96.75	96.75
1320-1349.99	95.50	99.00	99.00	99.00	99.00
1350-1379.99	95.50	101.25	101.25	101.25	101.25
1380-1409.99	95.50	103.50	103.50	103.50	103.50
1410-1439.99	95.50	104.50	105.75	105.75	105.75
1440-1469.99	95.50	104.50	108.00	108.00	108.00
1470-1499.99	1/	104.50	110.25	110.25	110.25
1500-1529.99		104.50	112.50	112.50	112.50
1530-1559.99		104.50	113.50	114.75	114.75
1560-1589.99		104.50	113.50	117.00	117.00
1590-1619.99		1/	113.50	119.25	119.25
1620-1649.99			113.50	121.50	121.50
1650-1679.99			113.50	122.50	123.75
1680-1709.99			113.50	122.50	126.00
1710-1739.99			113.50	122.50	128.25
1740-1769.99			1/	122.50	130.50
1770-1799.99				122.50	131.50
1800-1829.99				122.50	131.50
1830-1859.99				122.50	131.50
1860-1889.99				1/	131.50
1890-1919.99					131.50
1920-1949.99					131.50
1950-1979.99					131.50
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	$159	$169	$179	$189	$199
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	3.00	3.00	3.00	3.00	3.00
60- 69.99	4.00	4.00	4.00	4.00	4.00
70- 79.99	4.75	4.75	4.75	4.75	4.75
80- 89.99	5.50	5.50	5.50	5.50	5.50
90- 99.99	6.50	6.50	6.50	6.50	6.50
100- 109.99	7.25	7.25	7.25	7.25	7.25
110- 119.99	8.25	8.25	8.25	8.25	8.25
120- 129.99	9.00	9.00	9.00	9.00	9.00
130- 139.99	9.75	9.75	9.75	9.75	9.75
140- 149.99	10.50	10.50	10.50	10.50	10.50
150- 169.99	11.25	11.25	11.25	11.25	11.25
170- 189.99	12.75	12.75	12.75	12.75	12.75
190- 209.99	14.25	14.25	14.25	14.25	14.25
210- 229.99	15.75	15.75	15.75	15.75	15.75
230- 249.99	17.25	17.25	17.25	17.25	17.25
250- 269.99	18.75	18.75	18.75	18.75	18.75
270- 289.99	20.25	20.25	20.25	20.25	20.25
290- 309.99	21.75	21.75	21.75	21.75	21.75
310- 329.99	23.25	23.25	23.25	23.25	23.25
330- 359.99	24.75	24.75	24.75	24.75	24.75
360- 389.99	27.00	27.00	27.00	27.00	27.00
390- 419.99	29.25	29.25	29.25	29.25	29.25
420- 449.99	31.50	31.50	31.50	31.50	31.50
450- 479.99	33.75	33.75	33.75	33.75	33.75
480- 509.99	36.00	36.00	36.00	36.00	36.00
510- 539.99	38.25	38.25	38.25	38.25	38.25
540- 569.99	40.50	40.50	40.50	40.50	40.50
570- 599.99	42.75	42.75	42.75	42.75	42.75
600- 629.99	45.00	45.00	45.00	45.00	45.00
630- 659.99	47.25	47.25	47.25	47.25	47.25
660- 689.99	49.50	49.50	49.50	49.50	49.50
690- 719.99	51.75	51.75	51.75	51.75	51.75
720- 749.99	54.00	54.00	54.00	54.00	54.00
750- 779.99	56.25	56.25	56.25	56.25	56.25
780- 809.99	58.50	58.50	58.50	58.50	58.50
810- 839.99	60.75	60.75	60.75	60.75	60.75
840- 869.99	63.00	63.00	63.00	63.00	63.00
870- 899.99	65.25	65.25	65.25	65.25	65.25
900- 929.99	67.50	67.50	67.50	67.50	67.50
930- 959.99	69.75	69.75	69.75	69.75	69.75
960- 989.99	72.00	72.00	72.00	72.00	72.00
990-1019.99	74.25	74.25	74.25	74.25	74.25
1020-1049.99	76.50	76.50	76.50	76.50	76.50
1050-1079.99	78.75	78.75	78.75	78.75	78.75

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued)

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1977
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$159	$169	$179	$189	$199
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
1080-1109.99	$81.00	$81.00	$81.00	$81.00	$81.00
1110-1139.99	83.25	83.25	83.25	83.25	83.25
1140-1169.99	85.50	85.50	85.50	85.50	85.50
1170-1199.99	87.75	87.75	87.75	87.75	87.75
1200-1229.99	90.00	90.00	90.00	90.00	90.00
1230-1259.99	92.25	92.25	92.25	92.25	92.25
1260-1289.99	94.50	94.50	94.50	94.50	94.50
1290-1319.99	96.75	96.75	96.75	96.75	96.75
1320-1349.99	99.00	99.00	99.00	99.00	99.00
1350-1379.99	101.25	101.25	101.25	101.25	101.25
1380-1409.99	103.50	103.50	103.50	103.50	103.50
1410-1439.99	105.75	105.75	105.75	105.75	105.75
1440-1469.99	108.00	108.00	108.00	108.00	108.00
1470-1499.99	110.25	110.25	110.25	110.25	110.25
1500-1529.99	112.50	112.50	112.50	112.50	112.50
1530-1559.99	114.75	114.75	114.75	114.75	114.75
1560-1589.99	117.00	117.00	117.00	117.00	117.00
1590-1619.99	119.25	119.25	119.25	119.25	119.25
1620-1649.99	121.50	121.50	121.50	121.50	121.50
1650-1679.99	123.75	123.75	123.75	123.75	123.75
1680-1709.99	126.00	126.00	126.00	126.00	126.00
1710-1739.99	128.25	128.25	128.25	128.25	128.25
1740-1769.99	130.50	130.50	130.50	130.50	130.50
1770-1799.99	132.75	132.75	132.75	132.75	132.75
1800-1829.99	135.00	135.00	135.00	135.00	135.00
1830-1859.99	137.25	137.25	137.25	137.25	137.25
1860-1889.99	139.50	139.50	139.50	139.50	139.50
1890-1919.99	140.50	141.75	141.75	141.75	141.75
1920-1949.99	140.50	144.00	144.00	144.00	144.00
1950-1979.99	140.50	146.25	146.25	146.25	146.25
1980-2009.99	140.50	148.50	148.50	148.50	148.50
2010-2039.99	140.50	149.50	150.75	150.75	150.75
2040-2069.99	140.50	149.50	153.00	153.00	153.00
2070-2099.99	140.50	149.50	155.25	155.25	155.25
2100-2129.99	140.50	149.50	157.50	157.50	157.50
2130-2159.99	1/	149.50	158.50	159.75	159.75
2160-2189.99		149.50	158.50	162.00	162.00
2190-2219.99		149.50	158.50	164.25	164.25
2220-2249.99		149.50	158.50	166.50	166.50
2250-2279.99		1/	158.50	167.50	168.75
2280-2309.99			158.50	167.50	171.00
2310-2339.99			158.50	167.50	173.25
2340-2369.99			158.50	167.50	175.50
2370-2399.99			158.50	167.50	176.50
2400-2429.99			1/	167.50	176.50
2430-2459.99				167.50	176.50
2460-2489.99				167.50	176.50
2490-2519.99				167.50	176.50
				1/	1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued) 63-3200

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$159	$169	$179	$189	$199
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
2520-2549.99					176.50
2550-2579.99					176.50
2580-2609.99					176.50
2610-2639.99					176.50
2640-2669.99					176.50 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3200 TABLES OF COUPON ISSUANCE (Continued)

.2 For Issuance to Households of More Than 20 Persons Use the Following Formula:

.21 Value of the Total Allotment

For each person in excess of 20, add $40 to the monthly coupon allotment and $20 to the semimonthly allotment for a 20-person household. For all three-quarter and one-quarter monthly allotments of uneven dollar amounts, round up to the next higher whole dollar amount with no change in purchase requirements for such allotments.

.22 Purchase Requirement

.221 Use the purchase requirement shown for the 20-person household for households with incomes of $2369.99 or less per month.

.222 For households with monthly incomes of $2370 or more, use the following formula:

For each $30 worth of monthly income (or portion thereof) over $2369.99 add $9 to the monthly purchase requirement for a 20-person household with an income of $2369.99 (or $6.75 to the three-quarter monthly, $4.50 to the semimonthly purchase requirement, and $2.25 to the quarterly purchase requirement).

.223 To obtain the maximum purchase requirement for households of more than 20 persons, add to the maximum purchase requirement shown for a 20-person household, $36 monthly; $27.00 three-quarter monthly; $18 semimonthly; and $9 quarterly for each person over 20.

.23 NA Household Income Maximums

For each person in excess of 20, add $133 to the maximum allowable adjusted monthly net income shown for a 20-person household.

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31918-750 3-75 26M △ OSP

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because this regulation merely affirms for the State that which has been declared existing law or regulation through action by the Federal government.

Approved:

Marion J. Woods

MARION J. WOODS, Director
Department of Benefit Payments

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

77-41

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JAN 0 4 1977
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
JAN 0 4 1977
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: December 20, 1977

By: Marian R. Wolfe

Director
(Title)

FILED
In the office of the Secretary of State of the State of California

JAN 4 - 1978

At 2:01 o'clock P.M.

MARCH FONG EU, Secretary of State

By Merpice R Hershberger
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on March 1, 1978 after its filing with the Secretary of State as provided in Section 11422 of the Government Code. These regulations are being amended to implement, interpret, or make specific Section 2263.7 of FNS (FS) Instruction 732-1.

AMEND: Section 63-2254.93
63-2263.71

DO NOT WRITE IN THIS SPACE

.93 Domestic Volunteer Service Act

Payments made to volunteers participating in the following programs:

Title I - National Volunteer Antipoverty Programs

1. VISTA
2. University Year for Action (UYA)
3. Special Service-learning Programs (provide volunteer experiences for students in secondary, secondary vocational, and post-secondary schools).
4. Special Volunteer Programs (provide federal contracts or grants demonstration volunteer project).

Title II - National Older Americans Volunteer Programs

1. Retired Senior Volunteer Program (RSVP).
2. Foster Grandparent Program.
3. Older Americans Community Programs.

Title III - National Volunteer Programs to Assist Small Businesses and Promote Volunteer Service by Persons with Business Experience

1. Service Corps of Retired Executives (SCORE).
2. Active Corps of Executives (ACE).

31918-750 3-75 26M △ OSP

.71 Domestic Volunteer Service Act

Payments received by volunteers for services performed in programs stipulated in the Domestic Volunteer Service Act of 1973. Those programs include the following:

Title I - National Volunteer Antipoverty Programs

1. VISTA
2. University Year for Action (UYA).
3. Special Service-learning Programs (provide volunteer experiences for students in secondary, secondary vocational, and post-secondary schools).
4. Special Volunteer Programs (provide federal contracts or grants demonstration volunteer projects).

Title II - National Older Americans Volunteer Programs

1. Retired Senior Volunteer Program (RSVP).
2. Foster Grandparent Program.
3. Older Americans Community Programs.

Title III - National Volunteer Programs to Assist Small Businesses and Promote Volunteer Service by Persons with Business Experience

1. Service Corps of Retired Executives (SCORE).
2. Active Corps of Executives (ACE).

31918-750 3-75 26M △ OSP

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs that require reimbursement under Section 2231 of the Revenue and Taxation Code because the regulations merely affirm for the State that which has been declared existing law or regulation through action by the Federal government.

Approved:

Marion J. Woods

MARION J. WOODS, Director
Department of Benefit Payments

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JAN 13 1978
Office of Administrative Hearings

ENDO
APPROVED FOR FILING
(Gov. Code 11380.2)
JAN 13 1978
Office of Administ

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: December 30, 1977

By: Marion J. Woods

Director
(Title)

FILED
In the office of the Secretary of State of the State of California

JAN 13 1978
At 10:05 o'clock a M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

AMEND: Section 63-2020
63-2264.82
63-2264.84
63-2303
63-2404.2
63-4300

ADOPT: Section 63-2404.6
63-3469
63-4535

These regulations implement, interpret and make specific the provisions of Welfare and Institutions Code Section 18901.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following facts constitute the emergency:

1. These revisions to the procedures handling utility expenses must be effective January 1, 1978, in accordance with amendments to 7 CFR 271.3.

2. The revisions are necessary to make the Food Stamp Program more responsive to the high winter heating cost of food stamp households.

3. Adoption of these regulations is necessary for the immediate preservation of the peace, health and safety or general welfare.

The regulation changes set forth above are, therefore, adopted as emergency measures to become effective upon filing with the Secretary of State.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-2020 PROMPT ACTION 63-2020

The county welfare department is responsible for the certification of applicant households. The county welfare department must provide an application for participation in the Food Stamp Program to any person upon request, and must accept an identifiable application when submitted. An identifiable application is an application or affidavit containing a legible name and address that has been signed. The county welfare department must either approve or deny applications for participation within 30 days from the receipt of an identifiable application (see Section 63-2350). If a certified household reports an increase of more than $25 in its utility cost and has not purchased all of its monthly allotment, the county welfare department shall adjust the household's basis of issuance and provide the household with an opportunity to purchase all of its monthly allotment within ten days, or less if the allotment month ends in less than ten days (see Section 63-2404.2). The person making application is responsible for cooperating with the county welfare department in providing the information necessary for the department to make this determination.

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31910-750 3-75 26M △ OSP

63-2264 INCOME DEDUCTIONS (Continued) 63-2264

.8 Shelter Costs

.81 Shelter costs in excess of 30 percent of the household income are calculated after all other allowable deductions have been made.

.82 Shelter costs will include only the following:

.821 Payments made on the shelter occupied by the household, whether such payment is made as rent, mortgage, or other payment leading to the ownership of such shelter, including interest on such payments. This shall include first and last month's rent when paid or expected to be paid during the certification period.

.822 Payments for heating, cooking fuel, electricity, water and sewer, garbage and trash collection fees, whenever such payments are made separately from shelter payments in .821 above.

The eligibility worker shall not average previously paid utility costs to compute the household's monthly utility allowance. The utility expense computation will include expenses for which the household is billed; prior payment of a utility expense is not required.

a. The household's monthly utility allowance shall be projected at the time of initial or subsequent certification using one of the following:

(1) The standard utility allowance adopted by the county and approved by DBP; or

(2) The bills which the household is anticipated to receive during the certification period, based on the most recent actual bills received by the household and other accurate information available; or

(3) The amount that the household is billed on a payment schedule established in agreement with the utility provider.

b. If applicable, the eligibility worker shall include as part of the household's utility allowance any payment during a certification period of a utility bill received by the household prior to January 1, 1978 if:

31918-750 3-75 26M △ OSP

.822 b Continued

(1) The bill represents an allowable utility expense, but was not used in any previous shelter allowance computations; and

(2) The expense is not already included as part of the household's utility allowance; and

(3) The household has paid the expense, or the household intends to pay the expense and has sufficient income and/or resources available.

c. If a certified household reports an increase of more than $25 in its utility cost and has not purchased all of its monthly allotment, the county welfare department shall adjust the household's basis of issuance in accordance with Section 63-2404.2.

d. If the household expects that its utility expenses will flucuate substantially during its certification period, the EW should assign a shorter certification period. A household shall receive an adjustment in its utility allowance whenever its most recent bills exceed the amount that has been anticipated (see Section 63-2402).

31918-750 3-75 26M △ OSP

63-2264 INCOME DEDUCTIONS (Continued) 63-2264

.823 A state standard telephone deduction of $6.00 to be used only in instances where the household has a telephone. However, if the household's actual telephone service fee is greater than the $6.00 standard rate, and it represents the lowest available rate to the household, the household may request to have the actual service fee used. The household must be able to verify the actual cost claimed.

.824 Property taxes, state and local assessments, and insurance on the structure itself, but not separate costs for insuring furniture or personal belongings. However, payments for homeowners insurance are generally includable as shelter costs since homeowner insurance packages do not ordinarily "break out" the separate cost component of insuring the structure from the other coverages provided. The only circumstance in which the entire homeowners premium could not be allowed is when the separate cost of insuring the structure only is clearly identified on the policy, invoice, or other insurance company document. The prudent EW will establish that such separate costs are not clearly identifiable before allowing a deduction for an entire homeowner's insurance premium.

.825 Any of the above costs when paid by vendor payments, including those provided by the employer as in-kind shelter and treated as income to the household. (See Section 63-2262.2, In-Kind Shelter).

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31918-750 3-75 26M △ OSP

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63-2264 INCOME DEDUCTIONS (Continued) 63-2264

.84 The county may develop, subject to DBP approval, standard utility allowances for use in calculating shelter costs. If the county elects to develop standard utility allowances, different utility allowances shall be developed to reflect seasonal variations (e.g., summer rates as opposed to winter rates) unless the county can demonstrate that such variations do not warrant separate allowances. In addition, the county may develop more than one standard allowance to reflect other types of variations (e.g., different standards for urban and rural areas).

Each standard allowance will list separately the average monthly costs in the county of the following utilities: gas, electricity, heating oil (if applicable), wood (if applicable), water, sewer, garbage, and the telephone standard (see Section 63-2264.823). The separate listing is required because not every household uses or has to pay directly for all of the above utilities. For example, the costs of water and garbage are often included in the rental charge. This separate listing allows the county to apply to each household only those utility costs that they pay directly to the utility company. Local utility companies should be contacted to obtain the necessary documentation for the allowance, and this back-up documentation must be submitted to the Department of Benefit Payments in support of the proposed standard allowance. The standard allowances as approved by Department of Benefit Payments will be used to determine shelter costs for all households (Food Stamp Certification and Verification Work Sheet Form DFA 285.2, Item C, number 9b), except when an individual household can present a bill for the previous or current month showing that its actual utility costs are higher than the sum of the applicable standard allowances and can reasonably be predicted to continue to be higher through the certification period, in which case the household's actual costs will be used to determine utility costs. The household may make this request at the time of initial application and at any subsequent certification; Additionally, a household certified for more than one month shall be allowed to switch to or from the standard once during its certification period, or to the standard if the standard is updated during the certification period. In addition, under no circumstances will the county allow the household to mix their actual costs with those of the standard allowances.

The standard utility allowances will be reviewed by the county on an annual basis for possible revision to take into account discrepancies found by Quality Control, County Welfare Department surveys of utility companies, or other methods developed by the county and approved by the Department of Benefit Payments.

Verification shall be required only when the household's total reported utility costs exceed the established and approved county standard.

31918-750 3-75 26M △ OSP

63-2303 AVERAGING 63-2303

The most common means of converting income and expenses to monthly amounts is by averaging. In no instance shall averaging be used to determine utility cost deductions (see Section 63-2264.822). Income received or expenses paid more often than once a month should be converted to a monthly figure by use of a multiplier in the following manner:

a. Weekly income - multiply by 4.3 or 4 1/3.

b. Biweekly income - multiply by 2.15 or 2 1/6.

c. Twice monthly - multiply by 2.

Income received or expenses paid less often than once a month may be averaged over the certification period. For instance, interest or dividends credited quarterly would be averaged over the certification period. Likewise, if an annual expense such as payment of a household's property taxes occurs within the certification period, it would be averaged by the number of months in that period. Alternatively, such income and expenses may be handled under provisions in Section 63-2304.

Income and expenses which are reported as monthly amounts, or have been converted to such, can still vary within the certification period. In such cases, the EW may continue to average to arrive at one basis of issuance for the entire certification period or use the method in Section 63-2304. In making this determination, the EW should consider whether the fluctuation is such that a single purchase requirement based on the average would make it difficult or impossible for the household to purchase coupons during the months when usable income is at its lowest level. In such cases, a variable basis of issuance may be appropriate or the household may be assigned certification periods to cover only the periods of stability.

31918-750 3-75 26M △ OSP

.2 Other Changes Affecting Household Participation

When any other reported change does not require reduction or termination of benefits or when the household waives notice of adverse action (see Section 63-2406.3), the EW shall make the change effective for not later than the first issuance period following ten days from the date notification of the change was received. Households which report an increase of more than $25 in utility costs are an exception to this procedure (see Section 63-2264.822). For such households, the agency shall adjust the household's basis of issuance by means of a cancel/rewrite procedure if the household has not purchased all of its monthly allotment. The household must be provided an opportunity to purchase all of its monthly allotment within ten days, or less if the allotment month ends in less than ten days. If the household is not given the opportunity to purchase, this will be considered a lost benefit due to a delay in processing and retroactive benefits shall be granted in accordance with Section 63-4300.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-2404 COUNTY WELFARE DEPARTMENT RESPONSIBILITIES (Continued) 63-2404

.6 Notice of Utility Allowance Deductions

The county welfare department shall publicize the provisions regarding utility cost deductions (see Section 63-2264.822). The posters shall be displayed as soon as possible and shall remain on display until April 30, 1978. Additionally, the county welfare department shall notify each participating household individually of the utility cost deduction procedures as soon as possible using a notice provided by SDBP. Counties with standard utility allowances shall include with the individual household notice a copy of their current standard. Individual notices to each participating household may be distributed at issuance sites or mailed to each household. The notices shall be distributed or mailed as soon as possible, but no later than February 1, 1978.

.7 Special Utility Deductions for 1978

All households which are adversely affected by a delay in implementing those procedures specified in Section 63-2264.822 by January 1, 1978 shall be entitled to retroactive benefits in accordance with Section 63-4300.

31919-750 3-75 26M △ OSP

63-3469 CANCEL AND REWRITE 63-3469

In instances where the basis of issuance was correctly determined based on information correctly reported but where the recipient's income has changed significantly in the reporting month (e.g., the recipient has lost his or her job) and this income change is not the result of changes in utility costs, the county may cancel and rewrite the DFA 301s and the HIR card, or the ATPs for the month provided that the recipient returns all unused ATPs to the EW so that they may be voided, Cancelling and rewriting will be based on a revised budget computation. For income changes resulting from utility costs, see Section 63-2404.2. Counties are encouraged to use this procedure to prevent situations where recipients are forced into non-participation because of a change in their income. For HIR counties, the Certification Unit would be responsible for recomputing the household's basis of issuance and notifying the Issuance Unit of changes to be made to the HIR card and DFA 301. With the exception of utility cost situations, cancelling and rewriting is a county option. NOTE: It is recommended that counties not cancel and rewrite ATPs when one or more ATPs for the reporting month have already been redeemed, or the DFA 301 and HIR card when the recipient has already participated that month, due to the potential for monthly reconciliation problems. If a county deems it necessary to cancel and rewrite when one or more ATPs have been redeemed, or when participation has occurred in HIR counties a special effort should be made to record the correct participation data.

DO NOT WRITE IN THIS SPACE

63-4535 UNPAID UTILITY ALLOWANCES 63-4535

If a household receives a deduction allowance for utility costs which are never paid, no claim for overissuance shall be filed.

63-4300 RETROACTIVE BENEFITS (Introductory Paragraph) 63-4300

The county shall make retroactive benefits available to the head of the household through forward adjustment in the shortest time possible by reducing current purchase requirements where the county determines that the household is entitled to food stamp benefits lost as a result of county delay in processing the household's application or as a result of any other administrative error. The county shall also make retroactive benefits available to the head of the household through forward adjustment in the shortest time possible by reducing current purchase requirements as a result of a fair hearing decision where (1) the head of the household or person acting as his representative has requested a fair hearing within the time period specified in 63-2500 on or after July 31, 1972, (2) the household is determined by the fair hearing process to be entitled to food stamp benefits wrongfully delayed, denied or terminated, and (3) the head of the household is currently certified to participate in the program. Any household which could have received a reduced purchase requirement for January, 1978 as a result of the revised utility cost deductions provided in Section 63-2264.822 shall be entitled to retroactive benefits for the month of January.

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31918-750 3-75 26M △ OSP

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because the regulation merely affirms for the State that which has been declared existing law or regulation through action by the Federal government.

Approved:

Marion J. Woods

MARION J. WOODS, Director
Department of Benefit Payments

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31918-750 3-75 26M △ OSP

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: December 30, 1977

By: Marian J. Woods

Director
(Title)

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

AMEND: Section 63-2020
63-2264.82
63-2264.84
63-2303
63-2404.2
63-4300

ADOPT: Section 63-2404.6
63-3469
63-4535

These regulations implement, interpret and make specific the provisions of Welfare and Institutions Code Section 18901.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

The following facts constitute the emergency:

1. These revisions to the procedures handling utility expenses must be effective January 1, 1978, in accordance with amendments to 7 CFR 271.3.

2. The revisions are necessary to make the Food Stamp Program more responsive to the high winter heating cost of food stamp households.

3. Adoption of these regulations is necessary for the immediate preservation of the peace, health and safety or general welfare.

The regulation changes set forth above are, therefore, adopted as emergency measures to become effective upon filing with the Secretary of State.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-2020 PROMPT ACTION 63-2020

The county welfare department is responsible for the certification of applicant households. The county welfare department must provide an application for participation in the Food Stamp Program to any person upon request, and must accept an identifiable application when submitted. An identifiable application is an application or affidavit containing a legible name and address that has been signed. The county welfare department must either approve or deny applications for participation within 30 days from the receipt of an identifiable application (see Section 63-2350).

If a certified household reports an increase of more than $25 in its utility cost and has not purchased all of its monthly allotment, the county welfare department shall adjust the household's basis of issuance and provide the household with an opportunity to purchase all of its monthly allotment within ten days, or less if the allotment month ends in less than ten days (see Section 63-2404.2). The person making application is responsible for cooperating with the county welfare department in providing the information necessary for the department to make this determination.

DO NOT WRITE IN THIS SPACE

31910-750 3-75 26M △ OSP

63-2264 INCOME DEDUCTIONS (Continued) 63-2264

.8 Shelter Costs

.81 Shelter costs in excess of 30 percent of the household income are calculated after all other allowable deductions have been made.

.82 Shelter costs will include only the following:

.821 Payments made on the shelter occupied by the household, whether such payment is made as rent, mortgage, or other payment leading to the ownership of such shelter, including interest on such payments. This shall include first and last month's rent when paid or expected to be paid during the certification period.

.822 Payments for heating, cooking fuel, electricity, water and sewer, garbage and trash collection fees, whenever such payments are made separately from shelter payments in .821 above.

The eligibility worker shall not average previously paid utility costs to compute the household's monthly utility allowance. The utility expense computation will include expenses for which the household is billed; prior payment of a utility expense is not required.

a. The household's monthly utility allowance shall be projected at the time of initial or subsequent certification using one of the following:

(1) The standard utility allowance adopted by the county and approved by DBP; or

(2) The bills which the household is anticipated to receive during the certification period, based on the most recent actual bills received by the household and other accurate information available; or

(3) The amount that the household is billed on a payment schedule established in agreement with the utility provider.

b. If applicable, the eligibility worker shall include as part of the household's utility allowance any payment during a certification period of a utility bill received by the household prior to January 1, 1978 if:

31918-750 3-75 26M △ OSP

63-2264 INCOME DEDUCTIONS (Continued) 63-2264

.822 b Continued

(1) The bill represents an allowable utility expense, but was not used in any previous shelter allowance computations; and

(2) The expense is not already included as part of the household's utility allowance; and

(3) The household has paid the expense, or the household intends to pay the expense and has sufficient income and/or resources available.

c. If a certified household reports an increase of more than $25 in its utility cost and has not purchased all of its monthly allotment, the county welfare department shall adjust the household's basis of issuance in accordance with Section 63-2404.2.

d. If the household expects that its utility expenses will flucuate substantially during its certification period, the EW should assign a shorter certification period. A household shall receive an adjustment in its utility allowance whenever its most recent bills exceed the amount that has been anticipated (see Section 63-2402).

31918-750 3-75 26M △ OSP

63-2264 INCOME DEDUCTIONS (Continued) 63-2264

.823 A state standard telephone deduction of $6.00 to be used only in instances where the household has a telephone. However, if the household's actual telephone service fee is greater than the $6.00 standard rate, and it represents the lowest available rate to the household, the household may request to have the actual service fee used. The household must be able to verify the actual cost claimed.

.824 Property taxes, state and local assessments, and insurance on the structure itself, but not separate costs for insuring furniture or personal belongings. However, payments for homeowners insurance are generally includable as shelter costs since homeowner insurance packages do not ordinarily "break out" the separate cost component of insuring the structure from the other coverages provided. The only circumstance in which the entire homeowners premium could not be allowed is when the separate cost of insuring the structure only is clearly identified on the policy, invoice, or other insurance company document. The prudent EW will establish that such separate costs are not clearly identifiable before allowing a deduction for an entire homeowner's insurance premium.

.825 Any of the above costs when paid by vendor payments, including those provided by the employer as in-kind shelter and treated as income to the household. (See Section 63-2262.2, In-Kind Shelter).

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

.84 The county may develop, subject to DBP approval, standard utility allowances for use in calculating shelter costs. If the county elects to develop standard utility allowances, different utility allowances shall be developed to reflect seasonal variations (e.g., summer rates as opposed to winter rates) unless the county can demonstrate that such variations do not warrant separate allowances. In addition, the county may develop more than one standard allowance to reflect other types of variations (e.g., different standards for urban and rural areas).

Each standard allowance will list separately the average monthly costs in the county of the following utilities: gas, electricity, heating oil (if applicable), wood (if applicable), water, sewer, garbage, and the telephone standard (see Section 63-2264.823). The separate listing is required because not every household uses or has to pay directly for all of the above utilities. For example, the costs of water and garbage are often included in the rental charge. This separate listing allows the county to apply to each household only those utility costs that they pay directly to the utility company. Local utility companies should be contacted to obtain the necessary documentation for the allowance, and this back-up documentation must be submitted to the Department of Benefit Payments in support of the proposed standard allowance. The standard allowances as approved by Department of Benefit Payments will be used to determine shelter costs for all households (Food Stamp Certification and Verification Work Sheet Form DFA 285.2, Item C, number 9b), except when an individual household can present a bill for the previous or current month showing that its actual utility costs are higher than the sum of the applicable standard allowances and can reasonably be predicted to continue to be higher through the certification period, in which case the household's actual costs will be used to determine utility costs. The household may make this request at the time of initial application and at any subsequent certification; Additionally, a household certified for more than one month shall be allowed to switch to or from the standard once during its certification period, or to the standard if the standard is updated during the certification period. In addition, under no circumstances will the county allow the household to mix their actual costs with those of the standard allowances.

The standard utility allowances will be reviewed by the county on an annual basis for possible revision to take into account discrepancies found by Quality Control, County Welfare Department surveys of utility companies, or other methods developed by the county and approved by the Department of Benefit Payments.

Verification shall be required only when the household's total reported utility costs exceed the established and approved county standard.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-2303 AVERAGING 63-2303

The most common means of converting income and expenses to monthly amounts is by averaging. In no instance shall averaging be used to determine utility cost deductions (see Section 63-2264.822). Income received or expenses paid more often than once a month should be converted to a monthly figure by use of a multiplier in the following manner:

a. Weekly income - multiply by 4.3 or 4 1/3.

b. Biweekly income - multiply by 2.15 or 2 1/6.

c. Twice monthly - multiply by 2.

Income received or expenses paid less often than once a month may be averaged over the certification period. For instance, interest or dividends credited quarterly would be averaged over the certification period. Likewise, if an annual expense such as payment of a household's property taxes occurs within the certification period, it would be averaged by the number of months in that period. Alternatively, such income and expenses may be handled under provisions in Section 63-2304.

Income and expenses which are reported as monthly amounts, or have been converted to such, can still vary within the certification period. In such cases, the EW may continue to average to arrive at one basis of issuance for the entire certification period or use the method in Section 63-2304. In making this determination, the EW should consider whether the fluctuation is such that a single purchase requirement based on the average would make it difficult or impossible for the household to purchase coupons during the months when usable income is at its lowest level. In such cases, a variable basis of issuance may be appropriate or the household may be assigned certification periods to cover only the periods of stability.

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31918-750 3-75 26M △ OSP

63-2404 COUNTY WELFARE DEPARTMENT RESPONSIBILITIES 63-2404

.2 Other Changes Affecting Household Participation

When any other reported change does not require reduction or termination of benefits or when the household waives notice of adverse action (see Section 63-2406.3), the EW shall make the change effective for not later than the first issuance period following ten days from the date notification of the change was received. Households which report an increase of more than $25 in utility costs are an exception to this procedure (see Section 63-2264.822). For such households, the agency shall adjust the household's basis of issuance by means of a cancel/rewrite procedure if the household has not purchased all of its monthly allotment. The household must be provided an opportunity to purchase all of its monthly allotment within ten days, or less if the allotment month ends in less than ten days. If the household is not given the opportunity to purchase, this will be considered a lost benefit due to a delay in processing and retroactive benefits shall be granted in accordance with Section 63-4300.

31918-750 3-75 26M △ OSP

.6 Notice of Utility Allowance Deductions

The county welfare department shall publicize the provisions regarding utility cost deductions (see Section 63-2264.822). The posters shall be displayed as soon as possible and shall remain on display until April 30, 1978. Additionally, the county welfare department shall notify each participating household individually of the utility cost deduction procedures as soon as possible using a notice provided by SDBP. Counties with standard utility allowances shall include with the individual household notice a copy of their current standard. Individual notices to each participating household may be distributed at issuance sites or mailed to each household. The notices shall be distributed or mailed as soon as possible, but no later than February 1, 1978.

.7 Special Utility Deductions for 1978

All households which are adversely affected by a delay in implementing those procedures specified in Section 63-2264.822 by January 1, 1978 shall be entitled to retroactive benefits in accordance with Section 63-4300.

31918-750 3-75 26M △ OSP

63-3469 CANCEL AND REWRITE 63-3469

In instances where the basis of issuance was correctly determined based on information correctly reported but where the recipient's income has changed significantly in the reporting month (e.g., the recipient has lost his or her job) and this income change is not the result of changes in utility costs, the county may cancel and rewrite the DFA 301s and the HIR card, or the ATPs for the month provided that the recipient returns all unused ATPs to the EW so that they may be voided, Cancelling and rewriting will be based on a revised budget computation. For income changes resulting from utility costs, see Section 63-2404.2. Counties are encouraged to use this procedure to prevent situations where recipients are forced into non-participation because of a change in their income. For HIR counties, the Certification Unit would be responsible for recomputing the household's basis of issuance and notifying the Issuance Unit of changes to be made to the HIR card and DFA 301. With the exception of utility cost situations, cancelling and rewriting is a county option. NOTE: It is recommended that counties not cancel and rewrite ATPs when one or more ATPs for the reporting month have already been redeemed, or the DFA 301 and HIR card when the recipient has already participated that month, due to the potential for monthly reconciliation problems. If a county deems it necessary to cancel and rewrite when one or more ATPs have been redeemed, or when participation has occurred in HIR counties a special effort should be made to record the correct participation data.

DO NOT WRITE IN THIS SPACE

63-4535 UNPAID UTILITY ALLOWANCES 63-4535

If a household receives a deduction allowance for utility costs which are never paid, no claim for overissuance shall be filed.

63-4300 RETROACTIVE BENEFITS (Introductory Paragraph) 63-4300

The county shall make retroactive benefits available to the head of the household through forward adjustment in the shortest time possible by reducing current purchase requirements where the county determines that the household is entitled to food stamp benefits lost as a result of county delay in processing the household's application or as a result of any other administrative error. The county shall also make retroactive benefits available to the head of the household through forward adjustment in the shortest time possible by reducing current purchase requirements as a result of a fair hearing decision where (1) the head of the household or person acting as his representative has requested a fair hearing within the time period specified in 63-2500 on or after July 31, 1972, (2) the household is determined by the fair hearing process to be entitled to food stamp benefits wrongfully delayed, denied or terminated, and (3) the head of the household is currently certified to participate in the program. Any household which could have received a reduced purchase requirement for January, 1978 as a result of the revised utility cost deductions provided in Section 63-2264.822 shall be entitled to retroactive benefits for the month of January.

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31918-750 3-75 26M △ OSP

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because the regulation merely affirms for the State that which has been declared existing law or regulation through action by the Federal government.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

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31918-750 3-75 26M △ OSP

277-

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JAN 17 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
JAN 17 1978
Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: October 27, 1977

By: [signature]

Director
(Title)

FILED
In the office of the Secretary of State of the State of California
JAN 17 1978
At 9:47 o'clock a M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 18904, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on March 1, 1978, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Chapter 63-3000
63-5000
Section 63-4220.2
63-4230
63-4231

These regulations implement, interpret, and make specific section 18902 of the Welfare and Institutions Code.

DO NOT WRITE IN THIS SPACE

63-3100 DEFINITIONS 63-3100

.1 Machine Issuance ATP System

An issuance system in which the sale of coupons is based on the Authorization To Purchase Card (ATP) presented to the issuance agent or unit by the recipient at the time of purchase. Internal control in an ATP system is provided by dividing responsibility for household eligibility and fiscal transactions among three separate units: the Certification Unit, the Data Processing Unit, and the Issuance Unit. The responsibilities of each unit are described below.

.2 Authorization to Purchase (ATP) Card (DFA 299)

The basic document in all machine issuance and several manual (non-HIR) issuance systems, which is prepared by the county agency and mailed regularly to eligible households. The ATP Card authorizes the Issuance Unit to sell coupons and collect cash in amounts specified on the document.

.3 Certification Unit

The Certification Unit is the only unit responsible for determining the eligibility of applicants and notifying the Data Processing Unit (in an ATP county) or the Issuance Unit (in an HIR county) of its determinations. It is recommended that the Certification Unit not be assigned functions defined below as responsibilities of either the Data Processing Unit or the Issuance Unit.

31918-750 2-75 26M △ OSP

63-3100 DEFINITIONS (Continued) 63-2100

.4 Data Processing Unit

The Data Processing Unit is responsible for the preparation of ATP cards and the ATP Master File, the maintenance of the ATP Master File and the processing of data from executed ATP cards. The term "Data Processing Unit" applies to any unit that receives and processes data furnished by the Certification Unit and the Issuance Unit. It applies to both machine and manual ATP counties.

.5 Issuance Unit

The Issuance Unit is responsible for the issuance of coupons to and the collection of purchase requirements from eligible households. The Issuance Unit is composed of one or more cashiers and an issuance supervisor. In an HIR county it also includes a receptionist. In contracted issuance counties, the issuance agent is the Issuance Unit.

.6 Issuance Supervisor

An individual, other than a cashier, given the responsibility of reviewing and verifying the accuracy of issuance transactions.

.7 Receptionist

A person in the Issuance Unit other than the cashier who maintains a record of individual transactions for control purposes. (Applicable only to HIR counties.)

.8 Cashier

A person in the Issuance Unit who conducts sales transactions of food coupons to eligible households.

31918-750 3-75 25M △ CSP

.9 "One-Man" Sales Service

One employee performing the duties of both receptionist and cashier as set forth in Manual Section 63-3724 (applicable to HIR counties only).

.10 Household Issuance Record (HIR) Card (DFA 286)

An issuance document which provides a record for a single houshold of its certification, basis of issuance, and participation. The HIR card is not used in ATP counties.

.11 Issuance Agent

Banks, county offices, postal service offices, municipal offices, and others to whom the county agency has delegated the responsibility for the actual issuance of food coupons.

.12 Notice of Change (DFA 288)

In an ATP county, the document used for communication between the Certification Unit and the Data Processing Unit authorizing the establishment, alteration, termination, or suspension of an ATP Master File record. In an HIR County, the DFA 288 is used for communication between the Certification Unit and the Issuance Unit to authorize the establishment, alteration, termination, or suspension of an HIR card. The DFA 288 is a mandatory form unless the county has received prior FSPMB/DBP approval to use a county developed substitute.

31918-750 3-75 26M △ OSP

.13 ATP Master File

In ATP counties, the accumulated data on food stamp households which is used to prepare ATP cards and maintain participation history. It may, for example, be kept on file cards or in EDP storage. At a minimum, this data shall include each household's name(s), address, case number, period of certification, basis of issuance, frequency of issuance, and a record of participation for the previous three months. If this information is limited to the minimum three month period, the remainder of each household's participation history must be maintained elsewhere in an auditable form for a period of three years.

.14 Identification (ID) Card (DFA 287)

A document identifying the household as eligible to purchase and use food coupons.

.15 ATP Batch Report (EXHIBIT F)

A transmittal document prepared by the Issuance Unit to accompany a batch of executed ATP cards to the Data Processing Unit. (APPLICABLE ONLY TO ATP COUNTIES).

.16 Notice of Change Batch Report (EXHIBIT G)

A transmittal document prepared by the Certification Unit to accompany a batch of Notices of Change sent to the Data Processing Unit. (APPLICABLE ONLY TO ATP COUNTIES).

31918-750 3-75 26M △ CSP

.17 Authorized Representative

A person designated by the head of household or spouse to act on the household's behalf in the purchase of coupons and food. (See Section 63-2131, regarding authorized representatives for application purposes.)

.18 Receptionist's Daily Tally Sheet (DFA 289)

A record used by the receptionist for recording individual daily transactions of cashiers, including the variable purchase options exercised by eligible households, and for providing information for various balancing requirements. (APPLICABLE ONLY TO HIR COUNTIES)

.19 Cashier's Daily Report (DFA 293)

A daily report of coupon books issued and cash received that is to be completed by individual cashiers for purposes of reporting, controlling, and balancing daily issuance transactions.

.20 Coupon Book Inventory Record (DFA 292)

Used as a perpetual inventory record to maintain accountability of books received and issued by the issuance office and the custodian of the bulk supply of coupon books.

.21 Suspension of Household's Eligibility to Participate

A household's eligibility to participate is suspended whenever the household fails to purchase food coupons for three consecutive months. This temporary status does not affect the household's certification period since the county is merely suspending the issuance of ATP cards to the household until notified of the household's desire to resume participation. (See Section 63-3433.6.)

31918-750 3-75 26M △ OSP

CHAPTER 63-3200 COUPON ISSUERS 63-3200

63-3210 METHODS OF COUPON ISSUANCE 63-3210

Section 18904 of the California Welfare and Institutions Code mandates that, unless specific waivers for PAW and/or direct mail issuance are obtained per Section 63-3211, counties shall provide three methods of food stamp issuance: over-the-counter, direct mail, and PAW (Public Assistance Withholding from AFDC grants and from general assistance grants). It must be recognized, however, that providing PAW issuance to GA recipients is a requirement of state law and not recognized as PAW by FNS for reporting or depositing purposes. GA-PAW households are, however, treated like AFDC PAW households for refunding purposes.

63-3211 WAIVER FROM DIRECT MAIL AND/OR PAW (ATP AND HIR COUNTIES)

Counties may request a waiver from DBP-FSPM of the requirement for direct mail and/or PAW issuance (GA PAW and AFDC PAW) if they meet the following requirements.

To request a waiver of mail issuance, the county must have an adequate number of over-the-counter sites to provide reasonable access to recipients. To request a waiver of PAW requirements, the county must show that either 1) a potentially high mail loss rate exists, 2) the cost is excessive, or 3) over a six month period, less than ten percent of those food stamp households who are eligible for PAW have elected to use this method after having been notified of its availability.

31918-750 3-75 26M △ OSP

63-3211 WAIVER FROM DIRECT MAIL AND/OR PAW (ATP AND HIR COUNTIES) (Continued) 63-3211

FNS considers mail losses over one percent of dollar volume to be excessive. However, counties with potential or actual mail loss rates of less than one percent may be able to obtain a waiver with adequate justification. Excessiveness of the cost of PAW will be determined by a comparison of the cost of PAW to the cost of other issuance methods and/or the cost of maintaining the PAW system in addition to the other systems of issuance. Waiver requests must show such a comparison to justify a waiver based on cost.

The waiver request must be in writing (with a copy to the County Board of Supervisors) and shall provide complete justification for seeking the waiver. If the facts presented in the waiver request establish that the above condition(s) are met and that waiver of mail issuance and/or PAW will not substantially impair the ability of eligible households to obtain food stamps, the waiver will be granted. The county welfare department will be notified by the Director within 60 days of receipt of the request (with a copy of the decision also being sent to the County Board of Supervisors). Counties granted waivers of direct mail and/or PAW requirements may choose to offer direct mail and/or PAW to certain areas. Counties granted waivers must submit revised DFA 298s (and DFA 298.2s) reflecting their revised issuance procedures.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

DO NOT WRITE IN THIS SPACE

63-3212 DELEGATION OF ISSUANCE AND SALE OF FOOD COUPONS 63-3212

Although eligibility investigation and certification processes are required functions of the county welfare department and cannot be delegated, the issuance and sale of food coupon books can be handled in a variety of ways. The county welfare department may itself issue stamps. Other possible alternatives include issuance by an intracounty agreement with another department, or by contract with federal or state credit unions, banks, federally or state chartered savings and loan associations, U.S. Postal Service, or other public or private agencies that are fiscally responsible. In all cases the county welfare department must retain final responsibility for food coupon issuance and is liable for the activity of its agents. Counties must establish the fiscal responsibility of nonbank agents and evaluate their prior business character prior to entering into a contractual agreement. Use of retail food stores as issuance agents is prohibited by FNS. Each issuance agent must have one or more officially designated receiving agents responsible for submitting bulk requests for coupon books, and for receipting for them upon arrival.

63-3220 ISSUANCE CONTRACTS AS PROCUREMENTS 63-3220

1. Procurement of issuance services must be competitive. Invitations for bid should accurately describe the services to be performed and the specific procedures which must be observed in handling the issuance, reporting the results, and accounting for cash and coupons. Formal advertising of the invitiation to bid, sealed bids, and public openings for the bids are required for contracts with an annual value in excess of $10,000 unless there are specific circumstances which justify negotiation.

31918-750 3-75 25M △ OSP

63-3220 ISSUANCE CONTRACTS AS PROCUREMENTS (Continued) 63-3220

2. If the advertising and bid process does not bring in acceptable bids from the kinds of potential contractors to whom the county is willing to entrust cash, coupons, and reporting responsibilities, then the county may seek out acceptable business entities or organizations and come to final agreement with the best qualified with due consideration being given to cost.

3. Where application of the procedures in Section 63-3220.1 or .2 above has not resulted in the county's being able to obtain a satisfactory contractor, the county may find that only a sole source is available which has the capability of performing the necessary services. If this should be the case, and the contract is expected to amount to over $5,000 during either the contract period or the fiscal year, then a negotiated contract with such a sole source will require the prior approval of DBP and FNS before the county incurs costs which they expect to become program charges. Justification of the determination that there is no other competent person or firm willing to contract for the issuance services must be documented. At the same time, the county must demonstrate to DBP that the sole source contractor meets the other contractor rsponsibility criteria which apply to all contractors.

63-3230 COUNTY CONTRACTS FOR PAW ISSUANCE (ATP AND HIR COUNTIES) 63-3230

It is not recommended that counties contract with issuance agents for PAW issuance. If a county strongly prefers to contract for PAW issuance, it must follow the procedures outlined in Section 63-3565. Prior approval by FSPM-DBP is required for all PAW contracts and/or amendments.

63-3231 SAMPLE CONTRACTS FOR CONTRACTED ISSUANCE 63-3231

AND U.S. POSTAL SERVICE CONTRACT (SEE

EXHIBIT B AND C, SECTION 63-9600)

(ATP AND MIR COUNTIES)

The contracted issuance format may be used by counties contracting for coupon issuance with banks, or federal/state approved financial institutions such as federal/state charter savings and loan associations, credit unions, armored car services and all other private or public institutions or groups (See Section 63-9600, Exhibit B). Counties contracting with the U.S. Postal Service must use the postal service contract (See Section 63-9600, Exhibit C) with no modifications.

63-3232 CONTRACT APPROVALS 63-3232

No prior approval by FSPM is required if the county's contract contains no changes or modifications from the model contract and the transaction fee is $1.10 or less (See Section 63-9600, Exhibit B). Otherwise, approval is required prior to the signing of the contract.

If the agent will need to order coupons from FNS, proposed contracts which require prior approval must be submitted to FSPM at least 75 days prior to the planned effective date of the contract. This will allow processing time for contract approval, submission of executed contracts, assigning of 12-digit shipping and 9-digit reporting point codes, and the ordering and receiving of coupons. The reporting point code is necessary for FNS-250 reporting, for depositing, and for transferring of coupons. The shipping code is necessary to order shipments of coupons from FNS.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3232 CONTRACT APPROVALS (Continued) 63-3232

If the agent can obtain his/her initial supply of coupons through a transfer from another agent, the county should submit the contracts requiring prior approval to FSPM-DBP at least 45 days prior to the planned effective date of the contract.

When requesting FSPM prior approval, counties should indicate in their transmittal letter to FSPM: The date issuance is to begin, whether a shipping code is needed, and whether initial supplies of FNS forms 250, 260, 282, and 300 are required.

If the agent will need to order coupons from FNS, executed contracts must be submitted to DBP-FSPM at least 60 days prior to the planned effective date of the contract. If the agent can obtain his/her initial supply of coupons through a transfer from another agent, the county should submit the final executed contract at least 30 days prior to the effective date of the contract.

63-3240 COUNTY CONTRACTS WITH ISSUANCE AGENTS - OPENING PROCEDURES 63-3240

The county must submit to FSPM-DBP three signed (with original signatures) and executed copies of new or revised contracts (which have received prior FSPM approval where necessary, see Section 63-3231) and five copies of revised DFA 298 and DFA 298.2 Information Statements before the county may delegate its stamp issuing responsibilities to an outside agency. Although only one contract is required with each issuing agency, it must include the responsibilites of the parties regarding all issuance methods employed. Upon receipt of the information statement, DBP may obtain reporting and/or shipping code(s), as appropriate, for the issuance agent.

31918-750 3-75 26M △ OSP

63-3250 COUNTY CONTRACTS WITH ISSUANCE AGENTS - CLOSING PROCEDURES 63-3250

.1 Whenever it becomes known by the county that any contracted food stamp issuance agent will terminate its food stamp issuance and sales operation, the county shall immediately notify FSPM-DBP of the planned closure by means of a revised DFA 298.2.

.2 FSPM-DBP will inform FNS of the planned closure.

.3 During the period of time between the notification of termination and the agent's actual discontinuance of food stamp sales activity, the county will make a determination regarding the final disposition of the agent's coupon inventory. Coupons may be disposed of in one of the following ways:

a. Self-Issuance Counties - Those counties that maintain coupon inventories for issuance and sale by the county shall transfer the terminating agent's coupon inventory to the county's inventory on, or before, the termination date of the agent's contract.

b. Non County Issuance - Counties which do not themselves maintain an inventory of food coupons must use one of the following methods to dispose of the closing agent's coupon inventory:

(1) Interagent Tranfer - Counties may transfer a closing agent's inventory to one or more other contract issuance agents operating within their county. The agents receiving the coupons should be contacted prior to such transfers and care should be exercised so that their insurance liabilities are not exceeded by the inventory increase.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3250 COUNTY CONTRACT WITH ISSUANCE AGENTS - CLOSING PROCEDURES (Cont.)

(2) Intercounty Transfers - In cases where the county cannot transfer the closing agent's coupon inventory to other agents operating within the county, the county should contact other counties in its immediate geographic area in order to determine whether the coupons could be transferred outside the county (DBP-FSPM may be able to assist in this effort).

(3) When the county is unable to dispose of the closing agent's coupon inventory through either interagent or intercounty transfer, the county shall so inform Food Stamp Program Management. FSPM will then take action to notify FNS-Western Regional Office in order to have the county's project code temporarily activated as a reporting point code. The county will then assume the storage and reporting responsibility as a temporary bulk storage point for any coupons remaining in the closing agent's inventory.

31918-750 3-75 26M △ CSP

63-3250 COUNTY CONTRACT WITH ISSUANCE AGENTS - CLOSING PROCEDURES 63-3250

.4 Reporting Requirements - The final FNS-250 which will be submitted by the agent to the county, should show the transfer of all inventory and a zero ending inventory. Proper documentation (FNS 300 or its USPS equivalent) of coupon transfers must accompany the FNS-250. This final FNS 250 may be for a month subsequent to the last month of issuance due to a delay in transferring the coupon inventory.

The county, upon receipt of the final or "close out" FNS-250, will verify the accuracy of the report and transmit it, along with a covering attachment verifying the accuracy of the closeout report and briefly explaining the action taken by the county and requesting a final billing of the closing agent. (Note: Those counties that must assume temporary bulk storage responsibilities for coupons must complete an FNS 250.1 for each month a coupon inventory is maintained under the county's temporary reporting point code.) A copy of the closeout and its covering attachment must be transmitted to FSPM.

.5 Once closure of the agent has taken place, the county will arrange for a close-out audit to be performed within 30 days of the termination date. The report of audit findings will be submitted to DBP-FSPM.

63-3260 SECURITY GUIDELINES FOR NONBANK ISSUING AGENCIES 63-3260

In accordance with its state delegated responsibility, the county welfare department is financially liable for all food coupons distributed to it and its agents and is responsible for insuring that adequate storage facilities are provided for the coupons. Many of the major losses due to theft of coupons have occurred in counties which store large coupon inventories in their issuance office. Maximum security is provided by bank storage of the bulk supply with a working supply of coupons being transferred to and from the issuance office by armored car services on a daily basis. If banks are not available for storage, the bulk supply of coupons should be kept in a courthouse vault or other facility with bank-type security. It is recommended that if working supplies of coupons must be stored in the issuance office overnight, that this supply be limited to a one or two-day supply and that strict security measures be instituted at the office.

Cash must be securely locked up each night, or deposited daily in the bank (see Section 63-9600, Exhibits D and E, for detailed security guidelines). The county must insure that contracted issuance agents meet security requirements.

63-3270 PERSONNEL BONDING AND INSURANCE COVERAGE 63-3270

All personnel connected with the handling of stamps and cash shall be bonded (with the exception of U.S. Postal Service employees) and sufficient insurancce shall be carried to cover any loss of stamps and/or cash.

31918-750 3-75 26M △ GSP

DO NOT WRITE IN THIS SPACE

CHAPTER 63-3300 IDENTIFICATION CARD (DFA 287) 63-3300

63-3310 GENERAL USE 63-3310

An Identification (ID) Card (DFA 287), shall be issued to the head of each eligible household as proof of his/her eligibility when purchasing or using coupons. This card must be presented to the coupon issuing agent with the food coupon authorization when the household purchases food coupons and, on request, to the participating grocer when the household is using food coupons to purchase eligible foods.

Before issuing coupons, the agent must verify that the information contained on the ID card matches the information on the food coupon authorization.

63-3320 REQUIRED DATA 63-3320

The ID card will show at a minimum the name of the head of household, or spouse, the county case number, the name of the designated authorized representative, and whether the household is eligible for delivered meals. It will also contain lines for the signature of the head of household, spouse, and the authorized representative. Section 63-9424 shows a sample ID Card format.

63-3330 PHOTOGRAPHIC ID CARD 63-3330

Counties <u>may</u> use a photo ID card to identify the head of household, or spouse; however, under <u>NO</u> circumstances will the use of photo IDs by the county restrict the right of the household to have its authorized representative purchase coupons or purchase food on behalf of the household with food coupons. (See Section 63-2342.1).

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63-3340 SECURITY AND CONTROL OF ID CARDS 63-3340

All ID cards under the control of the county shall be kept in secure storage under lock and key. Access to ID cards shall be limited to assigned personnel only.

63-3350 PREPARATION OF ID CARDS 63-3350

Either the Certification Unit or the Data Processing Unit may prepare ID cards.

If no authorized representative is named, the space provided for the signature of the authorized representative shall be filled in with the word "None" before the card is issued.

The ID card may be mailed to the household, but the best security is provided when the card is completed and handed to the household at the certification point for signature before the household leaves the office. Where the ID card is mailed to the household, it is strongly recommended that it not be mailed in the same envelope as the ATP card, although it may be mailed with the DFA 377.1.

Since it is preferable that ID cards not have an expiration date, it is also recommended that temporary data such as certification periods and basis of issuance not be printed on the card. The one exception is that an expiration date is required if the household has been certified for delivered meals on a temporary basis only, e.g., during a period of convalescence. The ID card should be small enough to fit into a billfold.

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63-3360 USE OF ID CARDS FOR DELIVERED MEALS 63-3360

(See Section 63-2342.2 regarding ID card requirement and Section 63-3350 above regarding ID card expiration dates.)

CHAPTER 63-3400 ATP - MANUAL AND MACHINE PREPARATION AND USE 63-3400

63-3410 GENERAL PROVISIONS 63-3410

63-3411 REQUIRED DATA ON THE ATP CARD 63-3411

.1 Case name and address.

.2 Food stamp case number.

.3 Purchase requirements and coupon allotments listed by the variable purchase options available per transaction.

.4 Serial number of ATP card.

.5 Period during which the ATP cards is valid, including expiration date.

.6 County for which the ATP card is issued.

.7 Space for the recipient's signature next to each variable purchase option.

.8 Ethnic code designation (unless such information is contained in the ATP Master File and is retrievable for reporting on the DFA 358 report).

.9 Book distribution for each purchase option for counties contracting with the U.S. Postal Service.

.10 Household classification (PA or NA) unless such information is contained in ATP Master File and is retrievable for reporting of participation statistics on FNS-256 report.

63-3412 OPTIONAL DATA AND OPTIONAL FORMAT 63-3412

.1 The ATP card should be a size suitable for mailing in a window envelope, thus eliminating an additional addressing procedure.

.2 The ATP card may be color-coded to separate PA from NA households, monthly from semimonthly, one month from the next month, etc.

.3 The ATP card may contain the mandated book distribution for each variable purchase option to facilitate faster, more accurate issuance.

.4 ATP cards may be set up with the variable purchase options and signature blocks arranged vertically on the right-hand side of the card. The Postal Service encourages this format for counties contracting with them.

63-3413 EMERGENCY AUTHORIZED REPRESENTATIVE 63-3413

Counties may, at their discretion, provide for a system that permits the head of household or spouse to designate in writing an emergency authorized representative to purchase coupons with a particular ATP card (see Section 63-2132).

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63-3414 ZERO-PURCHASE AND PAW ISSUANCE 63-3414

.1 Counties shall not issue ATP cards to households which have elected to receive their coupons via the Public Assistance Withholding method. For detailed PAW issuance procedures, refer to Section 63-3561.

.2 Counties may elect not to issue ATP cards to NA and PA households that have no purchase requirement if the households are willing to receive their coupon allotments directly. Instead, after ascertaining whether these households wish to receive monthly or semi-monthly issuances of coupons, counties should promptly mail the coupon allotment to them. A listing must be maintained of all such issuances to ensure accurate reconciliation. Procedures for cancellation of the above authorization must be simple, quick, and convenient for the household, e.g., a phone call to the caseworker. Participants must be informed of cancellation procedures.

63-3420 VARIABLE PURCHASE REQUIREMENTS - ATP COUNTIES 63-3420

.1 Counties must permit all food stamp households (except those at the zero purchase level which have consented to receive their coupons through the mail without benefit of an ATP card or those participating in the public assistance withholding (PAW) program) to purchase less than their full coupon allotment. Counties must provide for a variable purchase option regardless of the issuance system (manual or machine) or type of issuance (over-the-counter or direct mail). The food stamp household may elect to purchase all, three-quarters, one-half, or one-quarter of its authorized allotment.

.2 The Data Processing Unit shall print one, two, or four ATP cards per household per month depending on whether the frequency of issuance available to, and selected by, the household is monthly, semimonthly or quarter-monthly. However, counties will not authorize any single issuance for less than one-quarter of the full allotment.

63-3421 MINIMUM REQUIREMENTS 63-3421

.1 Counties need not increase the frequency of issuance currently offered, provided monthly and semimonthly issuances are available.

.2 The variable purchase options shall be listed on the ATP card in accordance with the following (see sample forms - DFA 299 A, B, C, Section 63-9433):

.21 Monthly ATP Cards. All four options listed.

.22 Semimonthly ATP Cards. One-half and one-quarter options listed.

.23 Quarter-monthly ATP Cards. One-quarter option listed.

.3 The food stamp recipient shall receipt for his/her coupon allotment by signing on the appropriate line adjacent to the variable purchase option he/she is electing.

.4 Recipients who have elected monthly issuance but who find that it prevents their full participation shall be given the opportunity to exchange their monthly ATP for two semi-monthly ATP cards (in a two ATP county) or four quarter-monthly ATP cards (in a four ATP county) and to receive two or four ATPs as appropriate in the following months. (See Section 63-3470).

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63-3422 OPTIONAL PROCEDURES 63-3422

.1 Counties may issue every household two ATP cards, each providing two options, one-half and one-quarter.

.2 Counties may issue every household four ATP cards, each providing one-quarter of the coupon allotment.

.3 Counties may devise their own forms and instructions, providing the minimum requirements listed in Section 63-3421 are met. Counties must submit these forms and instructions to DBP-FSPM for review and approval prior to implementation of them.

63-3423 ATP VALIDITY PERIODS 63-3423

.1 General Provisions

The validity period of the ATP card must be geared to the certification period. The purpose of validity periods is (1) to provide households with a reasonable opportunity to purchase their monthly coupon allotments in any given month and (2) to prevent the purchase of coupons by households which are no longer eligible. Therefore, every monthly, semimonthly, and quarter-monthly ATP card must be valid at least through the last working day of the month (i.e., the last day of the month which is neither a holiday nor a weekend).

.2 Month

"Month" is defined as a calendar month, fiscal month, or other equivalent period of time based on the certification cycle in use in the county. The issuance month shall be equivalent to the certification month. Counties which do not want to use calendar months must obtain prior approval from FSPM-DBP.

.3 Stale-Dated ATPs

ATP cards can be honored only during the month for which they were issued (except for advance issuance as outlined in Section 63-3511 and late ATPs as described below) and must be included in the reports covering that period. ATPs received by the mail issuance site by the fifth of the following month in envelopes postmarked in the issuance month shall be honored by the issuance agent. All other ATP cards accepted by issuance units after the end of the month in which such cards expired (stale-dated ATPs) shall be treated as cashier errors for which the county is liable.

.31 The county shall:

.311 Review ATP cards received from issuance units for stale-dated ATPs; and

.312 Require the submission of a corrected Form FNS 250 to reflect any unauthorized issuances.

.32 If the issuance agent detects a stale-dated ATP upon its presentation by a recipient, the agent shall clearly stamp the ATP "void" or "invalid" and return it to the food stamp recipient, explaining that the card's validity period has expired.

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63-3430 PROCEDURE AND CONTROL FOR PREPARATION OF ATP DOCUMENT 63-3430

63-3431 RESPONSIBILITIES OF THE CERTIFICATION UNIT 63-3431

.1 The Certification Unit shall be responsible for the determination of the household's eligibility and for related functions in accordance with procedures outlined in Chapter 63-2000. In addition, the Certification Unit shall notify the Data Processing Unit of:

.11 The certification of new food stamp households;

.12 Changes in status of current individual household involving name, address, basis of issuance, or other circumstances. (Note: Notification to the Data Processing Unit of mass changes in the basis of issuance is not a required function of the Certification Unit). However, counties shall not delay the mailing of ATPs in anticipation of upcoming changes in the household circumstances.

.13 Recertification of households; and

.14 Each issuance of an over-the-counter ATP card (see Section 63-3464).

.2 When taking one of the actions in 63-3431.1 above, the Certification Unit shall submit a Notice of Change to the Data Processing Unit, except when the Certification Unit is authorized to manually complete the initial ATP master file record at the time of certification. (See Section 63-3462.)

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63-3431 RESPONSIBILITIES OF THE CERTIFICATION UNIT 63-3431

.3 The transmittal of documents between the Certification Unit and the Data Processing Unit shall be subject to a control system that is adequate for the volume of transmittals and the nature of the data processing system. The use of a batching procedure is recommended for such a control system (see the suggested format for the Notice of Change Batch Report contained in Section 63-9600, Exhibit C). Blank Notice of Change forms shall be kept in secure storage with limited access.

.4 The Certification Unit may be authorized to issue the ID cards. The issuance of ID cards shall be limited to the time of certification and recertification, if necessary, with replacements made in instances of loss, mutilation or destruction. Unissued ID cards will be kept in secure storage with access limited to authorized personnel.

.5 The Certification Unit may be authorized to issue the initial ATP card to the household. If this is the case, the Certification Unit shall follow procedures outlined in Section 63-3460.

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63-3432 RESPONSIBILITIES OF THE DATA PROCESSING UNIT 63-3432

.1 The Data Processing Unit shall be responsible for the preparation of ATP cards. In this capacity, the unit must ensure that:

.11 ATP inventory controls are maintained;

.12 All required data is recorded on the ATP master file (including the month of validity and the ATP serial number if feasible);

.13 All ATP cards which are mutilated or otherwise rejected during the printing period are voided. Voided ATP cards may be filed for audit purposes, or destroyed, provided destruction is witnessed by at least two persons and a listing of all destroyed ATP cards is retained by the DPU processing unit;

.14 There are controls and records for prepared and/or voided ATP cards which are subject to second party review and validation.

.2 ATP cards shall be sent first class mail in nonforwarding envelopes. Where feasible, in order to facilitate participation, mailing should be made to coincide with public assistance payments. In any event, all ATP cards for semimonthly and quarter-monthly participants shall be mailed to households at one time in order to provide households with maximum flexibility in managing their food money.

.3 The Data Processing Unit shall ensure that households participating in the PAW program are not mailed an ATP card. The Data Processing Unit may be responsible for generating a computer printout or other document listing PAW households to be used by the PAW mailing office in accordance with Section 63-3563. In addition, the Data Processing Unit shall be responsible for recording PAW participation in the ATP master file for preparation of the Form FNS 256, Monthly Report of Participation and Coupon Issuance, and other reports as necessary.

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63-3432 RESPONSIBILITIES OF THE DATA PROCESSING UNIT 63-3432

.4 The Data Processing Unit may be responsible for preparation of the household ID card. If so, the Data Processing Unit shall meet the same requirements for the storage and issuance of these cards as specified for the Certification Unit in Section 63-3431.4.

.5 The Data Processing Unit shall assume such other duties involving the preparation of ATP cards and related functions as the county may deem proper to assign it.

63-3433 RESPONSIBILITY OF THE DATA PROCESSING UNIT FOR ATP MASTER FILE MAINTENANCE 63-3433

.1 The Data Processing Unit shall be responsible for keeping the ATP master file current, including active records for all eligible households. The Data Processing Unit shall create, update, suspend or terminate records based on Notices of Change received from the Certification Unit, or on its own controls for nonparticipation or expired certification (see Sections 63-3433.6 and .7). This information may be kept on regular file cards, an EDP listing, punch cards, magnetic tape, or disc. The exception to this responsibility is that initial ATP master file record may be manually completed within the Certification Unit at the time of certification.

.2 The Data Processing Unit shall notify the Certification Unit of all actions taken in the ATP master file. This shall be done by the Notice of Change or other approved county form. Households may be withdrawn from the ATP master file when their certification period has expired without notifying the Certification Unit. However, it is recommended that the Certification Unit be notified of these actions via Notices of Changes or listings of the affected households.

63-3433 RESPONSIBILITY OF THE DATA PROCESSING UNIT FOR ATP MASTER FILE MAINTENANCE (Continued) 63-3433

.3 The Data Processing Unit shall establish adequate controls for the prevention of duplicate ATP master file records or other means of dual participation. This may take the form of checks for case number duplication, controls for name, address, social security number, or other similar controls.

.4 The Data Processing Unit shall merge new cases with the ATP master file at least once a month or more often if the system permits.

.41 Cases should be checked for duplication with the current file. If separate files are kept for NA, PA, and PAW cases, the new case must be cleared through each file before the record is established.

.5 The Data Processing Unit shall post participation data to the ATP master file promptly after the close of the issuance month.

.6 The Data Processing Unit shall review the ATP master file for households which have failed to participate for three consecutive months and notify the Certification Unit of these cases. At a minimum, for all such households, the Data Processing Unit shall suspend the printing of ATP cards for such households for the fifth month. This action shall not terminate the household if it is otherwise still eligible. Upon request by a suspended household which is still eligible within the certification period and wishes to receive ATPs, the Certification Unit shall notify the Data Processing Unit to resume issuance of ATPs to the household (see Section 63-2430)

.7 Prior to printing the ATP cards, the Data Processing Unit shall review the file and remove the record for all households whose certification periods have expired. Expired records shall be retained in an inactive file and shall be protected against access by unauthorized personnel.

63-3434 SECURITY AND CONTROL OF BLANK ATP CARDS 63-3434

.1 Any unauthorized issuance, use, or alteration of an ATP card is a State and Federal crime. Counties are required to take all precautions necessary to avoid unauthorized use of ATP cards and shall safeguard ATP cards from theft, embezzlement, loss, damage, or destruction. The county shall be financially liable for all bonus coupons purchased with lost, stolen, or embezzled ATP cards.

.2 All blank ATP cards shall be preserialized unless the county utilizes an ATP receipt system or other DBP approved system to protect against the theft of ATPs.

.3 All blank ATP cards shall be kept in secure storage under lock and key. Facsimile signature stamps and other validating equipment shall also be safeguarded to prevent unauthorized use.

.4 Access to blank ATP cards shall be limited to assigned personnel (see .51 below).

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.5 An Inventory Control Record shall be maintained by all offices or individuals responsible for distributing blank ATP cards to other authorized personnel. At a minimum such an inventory control record shall provide for:

.51 The assignment of a specific individual or a limited number of individuals to maintain the inventory control record. Offices responsible for bulk supply of ATP cards shall limit the inventory control responsibility to a single person whenever possible. Inventory control records shall be subject to periodic review and validation by a second party not otherwise involved in maintaining the inventory control. At a minimum, this review must be made annually.

.52 A record, by serial number (if applicable) and date of all ATP cards withdrawn from or placed in inventory.

.53 The initials of the person receiving the ATP cards,as a record of receipt.

.54 The retention of inventory control records for audit purposes.

.6 Should blank ATP cards be lost, stolen or embezzeled, the Data Processing Unit or Certification Unit shall immediately notify the issuance units of the serial numbers of the missing ATPs in an attempt to prevent these cards from being transacted, and shall also notify DBP-FSPM. FSPM will in turn notify the FNS regional office. See Section 63-5210 for county liability for blank ATP cards that are illegally redeemed.

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63-3440 ATP CARDS UNDELIVERED BY THE POST OFFICE 63-3440

Despite prompt updating of the ATP master file, there will be occasions when ATP cards are returned by the post office as undelivered. Offices receiving undelivered ATP cards shall exercise prudent security and accountability controls. The issuance offices shall maintain a list of all undelivered ATP cards indicating disposition and shall retain the list for audit purposes.

63-3441 RECEIVING OFFICE 63-3441

Upon receipt of undelivered ATP card, the receiving office shall:

.1 Record the ATP serial number, case name, and case number on a disposition list;

.2 Place the ATP card in secure storage; and

.3 Determine the cause of nondelivery of the ATP card.

.31 If the cause of nondelivery was the result of a move by the household, contact the household's certification worker for guidance on the action to be taken.

.32 If the cause of nondelivery was other than a move by the household (e.g., a broken mailbox), remail the ATP or otherwise notify the household how to obtain the card.

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63-3442 CERTIFICATION UNIT

63-3442

Upon being notified of a returned ATP card, the certification unit shall determine whether the household has left the county or has moved within the county.

.1 If the household has moved out of the county, its eligibility may be terminated immediately. The issuance office should be notified to void the ATP card. ATP cards shall not be mailed to the household when it is determined that the household has moved out of the county.

.2 If the household has moved within the county, the certification office shall prepare a Notice of Adverse Action and mail it to the old address. This document is forwardable and may reach the household although the ATP card did not. The certification office need not take any further action to locate the household as it is the household's responsibility to report such changes in circumstances.

Should the household contact the county for its ATP card, the ATP card usually would be issued on the same basis of issuance. However, the county may elect to reissue the card based on changed household circumstances as established at the time of contact, if the new basis of issuance is favorable to the client.

.3 The Certification Unit (by Notice of Change) shall notify the Data Processing Unit of termination of, or changes in, the household's basis of issuance as a result of .1 or .2 above.

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63-3443 DISPOSITION OF ATP CARDS NOT REISSUED BY THE RECEIVING OFFICE 63-3443

ATP cards which are not reissued by the receiving office prior to their expiration date may be destroyed or returned to the Data Processing Unit depending on the procedure preferred by the county. However, the destruction of all ATP cards must be witnessed by at least two persons and the action initialed on a disposition list.

63-3444 PATTERN OF UNDELIVERED ATP CARDS 63-3444

The county shall be alert for a pattern of undelivered ATP cards for which the household cannot be located as this may be an indication of fraud. This is especially important in instances where the initial ATP card is issued over-the-counter.

63-3450 OUT-OF-COUNTY ATP CARDS 63-3450

The acceptance of either out-of-county or out-of-state ATP cards by the county is prohibited. Out-of-county and out-of-state ATP cards accepted in error shall be counted as actual, but not authorized, issuances for which the county agent is liable. They are processed as described in Section 63-5724.

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63-3460 PROCEDURES AND CONTROLS FOR PREPARATION AND ISSUANCE OF OVER-THE-COUNTER ATP CARDS BY THE CERTIFICATION UNIT 63-3460

63-3461 NEED FOR OVER-THE-COUNTER ATP CARDS 63-3461

There may be circumstances requiring the issuance of an ATP card outside the normal preparation cycle of the Data Processing Unit. Whenever possible, such issuances should be handled by the Data Processing Unit subject to the same checks for duplication and the same security as in normal issuance. However, due to machine limitations or other reasons, it may be necessary to have such issuances handled by the Certification Unit. ATP cards prepared by the Certification Unit under these circumstances shall be referred to as "over-the-counter" cards.

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63-3462 CIRCUMSTANCES WHEN OVER-THE-COUNTER ATP CARDS MAY BE PREPARED AND ISSUED 63-3462

Over-the-counter cards may be prepared and issued under the following circumstances:

.1 Initial issuances of ATP cards to newly-certified households.

.2 Replacements of ATP cards which have been mutilated; reported lost, stolen, or undelivered in the mail; or which contained an incorrect coupon allotment, purchase requiremnt, or other error when prepared by the Data Processing Unit.

.3 Immediate need issuances (see Sections 63-2314 and 63-2315)

.4 Issuances to household with a 60-day continuation of certification.

.5 Certifications or recertifications completed after Data Processing Unit cutoff dates.

.6 Emergency food stamp assistance in disasters. (see Chapter 63-7000 and Section 63-2070). If coupons or food purchased with such coupons are lost or stolen, see Section 63-2264.74 for replacement.

.7 Replacement of coupons which are reported by the household during the month of issuance as not received (see Section 63-3558 and 63-4120). If the household reports nonreceipt of coupons in following months, see Section 63-4250. (Also see Section 63-2350, Application Processing).

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63-3463 SECURITY AND CONTROL FOR BLANK ATP CARDS 63-3463

.1 A Certification Unit responsible for the preparation of over-the-counter ATP cards shall establish and maintain the same security control procedures as outlined for the Data Processing Unit in Section 63-3434.

.2 Responsibility for the issuance of an over-the-counter ATP card shall be divided within the Certification Unit. Such division of responsibility may be between the certification worker and clerical staff or between the certification worker and supervisory personnel.

63-3464 ISSUANCE OF OVER-THE-COUNTER ATP CARDS 63-3464

.1 When issuing an over-the-counter ATP card to newly-certified households, the Certification Unit shall determine that the household is not already certified by checking the name, case number, and address against the Certification Unit's own records or against a listing furnished by the Data Processing Unit (whichever reference is more current and accurate).

Before issuing over-the-counter cards, the county should take into consideration whether a hardship would be created if the household were required to wait for the next scheduled preparation of ATP cards by the Data Processing Unit. If no hardship would be created by such a delay, over-the-counter may not be necessary.

.2 It is recommended that over-the-counter ATP cards be issued by mail to newly-certified households when:

.21 The document can be mailed within 24 hours.

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.22 The time will be sufficient to check the records for duplication of certification.

.23 It is considered desirable to obtain a verfication of the address given by the applicant.

.3 Before issuing over-the-counter ATP cards as replacements for ATP cards reported lost, stolen, mutilated or undelivered in the mail, the Certification Unit shall:

.31 Determine that sufficient time has elapsed for a normal mail delivery to have been completed in the particular area.

.32 Determine whether the household is certified, whether the ATP card from which the replacement requested was issued, and whether it covers the current month.

.33 Require the recipient to sign an affidavit that the original ATP card will be returned to the Certification Unit if recovered by the household. The affidavit shall be filed in the case file and be available for evidence in the event that both the original and the replacement ATP cards are transacted by the household.

.34 Clearly stamp and/or code as replacement those ATP cards which are used for <u>replacement</u> since redemption of both the original and replacement ATPs must result in a claim determination or other legal action. Replacement ATPs for ATPs reported lost, stolen, mutilated, or undelivered are both actual and authorized issuances for FNS 250 reporting purposes.

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.35 Be alert for households repeatedly requesting replacement of ATP cards. Consideration should be given to other means of delivery after two consecutive reports of nondelivery in the mail.

.4 See Section 63-4120 for procedures to be followed prior to issuing an over-the-counter ATP card as a replacement for coupons reported as not received by the household during the month of issuance.

.5 For each over-the-counter issuance, the Certification Unit shall prepare a Notice of Change for the Data Processing Unit clearly differentiating between original ATP cards issued to newly-certified households and replacement ATP cards, also between ATP cards replacing lost ATPs and those replacing lost coupons.

.6 The Certification Unit shall not issue an over-the-counter ATP card that has been erased or otherwise altered.

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63-3470 CANCEL AND REWRITE OF ATPS 63-3470

In instances where the basis of issuance was correctly determined based on information correctly reported but where the recipient's income has changed significantly in the reporting month (e.g., the recipient has lost his or her job) and this income change is not the result of changes in utility costs, the county may cancel and rewrite the ATPs for the month based on a revised budget computation, provided that the recipient returns all unused ATPs to the EW so that they may be voided. For income changes resulting from utility costs, see Section 63-2404.2. Counties are encouraged to use this procedure to prevent situations when recipients are forced into nonparticipation because of a change in their income. With the exception of utility cost situations, cancelling and rewriting ATPs is a county option. NOTE: It is recommended that counties not cancel and rewrite ATPs when one or more ATPs for the reporting month have already been redeemed, due to the potential for monthly reconciliation problems. If a county deems it necessary to cancel and rewrite when one or more ATPs have been redeemed, a special effort should be made to record the correct participation data. Cancelling and rewriting may not take place when all of the ATPs for the issuance month have already been redeemed.

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63-3480 SIXTY-DAY CONTINUATION OF CERTIFICATION 63-3480

.1 The county shall be responsible for the issuance of ATP cards to households who qualify for the 60-day continuation of certification in accordance with procedures outlined in Sections 63-2422 and 63-2423.

.2 The county shall provide the following issuance controls:

.21 Termination of the household by the county of origin when the 60-day transfer form is issued.

.22 Termination of a household by the county transferred into if the household is not certified after the 60-day period expires.

.23 Prevention of duplicate issuance if the household is certified, i.e., preventing the issuance of an ATP card under both the new certification and the 60-day continuing eligibility.

.3 The Certification Unit shall take proper precautions in the storage and handling of Form FNS-286, Certification of Household Transfer, to prevent its unauthorized use to obtain ATP cards. See Section 63-2426 for specific security and control measures.

CHAPTER 63-3500 PROCEDURES FOR COUPON SALES IN ATP COUNTIES 63-3500

Food coupon books are to be issued to eligible recipients on presentation to tellers of an identification card, a current food coupon authorization (ATP) and the required purchase requirement.

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63-3505 PAYMENT OF PURCHASE REQUIREMENT (ATP AND HIR COUNTIES) 63-3505

Recipients may pay for coupons with cash, bank cashier's check or postal money order. If the recipient chooses to use a negotiable instrument, no service charge may be made when the amount of the negotiable instrument equals the amount of the purchase requirement.

Recipients may not pay for coupons with private money orders or personal checks. Money orders drawn on a bank and county warrants or vouchers may be used at the county's option.

If this option is exercised, the county must establish a uniform policy to ensure equal treatment of all cases.

63-3510 SATURDAY, SUNDAY, AND HOLIDAY ISSUANCE (ATP AND HIR COUNTIES) 63-3510

The county may permit outlets to sell food stamps on Saturday, Sundays and/or holidays.

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.1 If the first day of the month falls on a holiday, Saturday or Sunday and no outlet is open on that day (or a limited number of outlets are open, thus causing a hardship on recipients), the county may permit advance sales of coupons for that month, subject in the following conditions:

.11 If the first of the month is a Saturday, coupons may be sold on the preceding Friday.

.12 If the first of the month is a Sunday, coupons may be sold on the preceding Saturday, or on the preceding Friday if no outlets will be open Saturday.

.13 If the first of the month is a holiday which falls on a Monday, coupons may be sold on Sunday, Saturday (if no outlet is open on Sunday) or Friday (if no outlet is open on Saturday or Sunday).

.14 If the first of the month is on a holiday which falls on Friday, coupons may be sold on the preceding Thursday.

.15 However, if the first of the month is on a holiday which falls on Tuesday, Wednesday, or Thursday, coupons may <u>not</u> be sold on the preceding day.

.2 If the county elects to issue coupons in accordance with .1 above, the county <u>must</u> ensure that records of transactions applicable to the two issuance months involved are not commingled. The issuance transactions for the subsequent month must in all cases be recorded on the subsequent month's reports. This includes monies collected from the sale of coupons as a result of these transactions.

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63-3520 FOOD COUPON DENOMINATIONS (GUIDELINES AND OPTIONS) 63-3520

Issuance of food coupon books in accordance with the Mix of Books tables is mandatory (see Section 9600, Exhibit A). Reasonable deviations from the tables are permitted in emergency situations or because of shortages in certain book denominations.

63-3530 SIGNING OF COUPON BOOKS 63-3530

The head of household or spouse shall sign each book of coupons provided to the household.

63-3540 OVER-THE-COUNTER ISSUANCE (ATP COUNTIES) 63-3540

63-3541 PROCEDURE 63-3541

The household head, spouse, authorized representative, or emergency representative presents the household's ID card, ATP card, and purchase requirement. The cashier proceeds as follows:

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.1 Examines the ATP card for authenticity, alteration and date of expiration. (If the card has expired, the cashier clearly stamps the ATP "void" or "invalid" and returns it to the recipient, explaining that the validity period has expired.)

.2 If the ATP is valid, obtains the signature of the purchaser in the proper space for the variable purchase option being selected.

.3 Compares the signature with that on the ID card (in case of purchases by emergency representative, the cashier shall be governed by local county policy). If the purchaser has already signed the ATP cards, asks him / her to sign a separate piece of paper for signature comparison.

.4 Collects appropriate purchase requirement as stated on the variable purchase option selected.

.5 Issues coupons in accordance with the Mix of Books table (see Section 63-9600, Exhibit A) or the ATP card, if the mix is printed on the card.

.6 Requests that the recipient sign each of his/her books before leaving the office. The authorized representative shall be instructed to remind the household head to sign each book as soon as the books are delivered to him/her.

.7 Cancels the ATP card with a stamp clearly showing the date of transaction, the office, and cashier identification number. Each individual cashier stamp shall carry its own identification number.

31918-750 3-76 26M △ OSP

63-3542 MULTI-HOUSEHOLD AUTHORIZED REPRESENTATIVES 63-3542

When an authorized representative seeks to transact ATP cards for more than one household, the above issuance procedures should be used and the following precautions taken by the issuance cashier:

.1 Require members of organizations authorized by the county to serve as multi-household representatives to show acceptable membership credentials.

.2 Require all other multi-household authorized representatives to show written official authorization furnished by the certification office, listing the households represented. In case of questionable circumstances, a telephone check shall be made with the certification office to establish the validity of the claimed multi-household representative designation.

63-3543 HANDLING CASH RECEIPTS 63-3543

.1 As necessary or prudent during the day, the cashier shall deposit accumulated cash receipts or transfer them to the issuance supervisor for deposit or safekeeping.

.2 When depositing or transferring cash, the cashier shall:

.21 Enter the amount of deposit or transferred cash in the appropriate line of the Cashier's Daily Report (DFA 293).

.22 Obtain the issuance supervisor's initials beside the entry.

31918-750 3-75-26M △ OSP

63-3543 HANDLING CASH RECEIPTS (Continued) 63-3543

.3 Each cashier shall maintain his/her own cash drawer. When one cashier replaces another during the day, the first cashier shall make an interim deposit or transfer of monies he/she has collected. However, it is permissible for issuance agents who receive other cash in the normal course of their day's business to commingle food stamp collections with such other cash, provided there is 1) daily reconciliation, 2) an accounting for all food stamp collections, and 3) no gain made from the use of food stamp sales receipts (such as in check cashing operations). Counties may prohibit any commingling whatsoever through contractual agreements with their agents.

31918-750 3-75 25M △ OSP

63-3544 DAILY OPENING PROCEDURES 63-3544

.1 The accountability for coupons and cash within the issuance unit is provided by the Cashier's Daily Report, DFA 293, used in conjunction with the transacted ATP cards and the Coupon Book Inventory Record. Each cashier maintains his/her own Cashier's Daily Report and balances daily issuance transactions. All Cashier's Daily Reports shall be verified for each day's operation by the issuance supervisor.

.2 The issuance supervisor shall require that at the beginning of each day:

.21 The heading and date are completed on each report.

.22 Items "Books on Hand," "Books Received Today," and "Change Fund" are accurately completed in accordance with Section 63-9430.

.23 A corresponding entry is made on the Coupon Book Inventory Record denoting withdrawal of coupons from bulk inventory for each entry for "Books Received Today" on the DFA 293.

.3 The cashier shall initial the entries for "Books Received Today" and "Change Fund" of the Cashier's Daily Report as a receipt.

31918-790 3-75 26M △ GSP

63-3545 DAILY RECONCILIATION 63-3545

At the close of each day or at any time the cashier is replaced by another cashier, the cashier shall reconcile, and the issuance supervisor shall provide verification of, issuance transactions. The cashier shall:

.1 Reconcile actual cash receipts and value of books issued with the cash due and coupon value authorized by executed ATP cards. Such reconciliation shall be accomplished by the completion of the remaining items on the Cashier's Daily Report.

.2 In accordance with county procedures, make end-of-day arrangement for security of change fund and remaining coupon inventory.

.3 For end-of-day verification, provide the issuance supervisor with transacted ATP cards, Cashier's Daily Report, cash-on-hand and/or receipts for cash deposited during the day, and coupon books returned by recipients with appropriate documentation.

63-3546 DAILY VERIFICATION 63-3546

For each day of operations the issuance supervisor shall:

.1 Verify by physical count the number of coupon books on hand as reported on the ending inventory of the Cashier's Daily Report. (If coupons will not be returned to bulk storage but kept in secure storage for return to cashier at the beginning of the next day, a daily physical count may be dispensed with by the issuance supervisor. However, the issuance supervisor should make unannounced spot checks during the month and <u>must</u> take a physical inventory of books at the end of the month.)

31918-750 3-75 26M △ OSP

63-3546 DAILY VERIFICATION (Continued) 63-3546

.2 Verify that appropriate documentation supports all cash refunds reported on the Cashier's Daily Report.

.3 Verify by physical count the total cash receipts as reported on the Cashier's Daily Report (or verify total from deposit slips).

.4 Verify the computation resulting in Cash and Coupon Differences, and assure that all overages and shortages are properly identified in the "Remarks" section, and that replacements for coupons reported lost in the mail are supported by appropriate documentation.

.5 Sign or initial the Cashier's Daily Report and retain for use at the end of the month in preparing the Form FNS-250 and thereafter for audit review purposes.

63-3550 MAIL ISSUANCE IN AN ATP CARD SYSTEM 63-3550

63-3551 REQUEST FOR MAIL ISSUANCE 63-3551

In a machine ATP card sytem, the receipt of a household's ATP card in the mail with the exact purchase requirement will constitute a request for mail issuance. Exception: See Section 63-3554 if recipient remits more than the appropriate purchase requirement. The household shall be instructed to indicate on the ATP card the variable purchase option it has elected prior to submitting the card to the mailing office. The issuance transaction must be completed if the ATP is received by the county no later than the last day of its validity period. In addition, when an ATP is postmarked within the issuance month and is received by the county by the fifth of the following month, the ATP shall be honored during the following month but reported for the issuance month.

63-3552 MAIL ISSUANCE PROCEDURES 63-3552

The following procedure is suggested as a means of insuring the prompt mailing of food coupons while maintaining proper accountability controls in an ATP card system:

.1 A designated person (Employee A) other than the cashier:

.11 Receives the request for mail issuance (endorsed ATP) and voucher or money order, and posts the request to the Mail Issuance Log (DFA-300).

.12 Forwards the ATP card and voucher or money order to the cashier with a properly-addressed envelope.

.2 The Cashier:

.21 Inserts in the envelope the required coupon allotment from the current stock, stamps or writes in ink "MAIL" on the ATP card and files it separately from normally-executed ATP cards, and returns the envelope to Employee A.

.22 Properly endorses the voucher or money order and deposits it with the other cash receipts.

.3 Employee A:

.31 Verifies the coupon allotment.

.32 Seals the envelope, prepares it for mailing and completes the entry in the log by noting the date mailed.

31918-750 3-75 25M △ OSP

63-3552 MAIL ISSUANCE PROCEDURES (Continued) 63-3552

.4 At the end of the day:

.41 The cashier totals the cash and coupons authorized by the ATP card separately for mail and regular issuance, and completes the Cashier's Daily Report for total sales.

.42 Employee A totals the cash and coupon columns on the log and verifies the total number of requests received with the number of envelopes prepared for mailing.

.5 The authorized totals from the log shall be reconciled with the executed ATP cards from mail issuance and then combined with authorized totals from regular issuance for reconciliation with the Cashier's Daily Report.

63-3553 MAIL ISSUANCE RECORDS 63-3553

.1 Logging in of Mail Orders

Issuance procedures shall provide for prompt logging in of all mail orders in a log (the DFA 300) and for the safe handling of the remitted purchase price.

.2 Separate Coupon Inventory Maintained for Mail Issuance

If a separate coupon inventory is maintained For mail issuance:

.21 Receipts shall not be commingled.

.22 Separate Cashier's Daily Report shall be completed.

.23 The entire reconciliation process used for regular issuance shall be repeated for mail issuance.

31918-750 3-75 26M △ OSP

63-3554 MAIL ISSUANCE BY CONTRACT ISSUANCE AGENTS 63-3554

No change in the ATP card format is necessarily required for mail issuance.

The county's issuance agent must receive the signed Authorization to Purchase card together with the purchase price (see Section 63-3505). Issuance offices may refund to recipients any money received over and above the purchase requiement for the variable purchase options selected. However, issuance offices cannot alter the option selected and must return the ATP card and purchase requirement if insufficient monies have been remitted, with an explanation as to why they are being returned and what the recipient must do to get his/her coupons.

ATPs must be received prior to the expiration date shown on the card before the issuance agent can mail the coupon books. The only exception to this is in cases where an ATP is postmarked within the issuance month and is received by the issuance agent by the fifth working day of the following month. These late ATPs shall be honored during the following month but reported for the issuance month.

63-3555 MAILING OF COUPONS (IN ATP AND HIR COUNTIES) 63-3555

.1 Mail Promptly

The mail procedures shall provide for the prompt (same day, if possible) mailing of coupons following receipt of the mail order.

.2 First Class Mail

Coupons shall be mailed by First Class Mail or faster delivery method. However, the envelopes shall not be labeled with wording identifying the contents, such as "Food Stamps", as this is an open invitation to theft.

63-3555 MAILING OF COUPONS (IN ATP AND HIR COUNTIES) (Continued) 63-3555

.3 Adequate Packaging - No Forwarding

Coupons should be mailed in sturdy envelopes or other mailing packages that bear the following statement: "DO NOT FORWARD - RETURN TO SENDER."

63-3556 UNDELIVERED COUPONS RETURNED BY POST OFFICE (ATP AND HIR COUNTIES) 63-3556

When undelivered coupons are returned by the Postal Service, the Issuance Unit shall:

.1 Note the returned coupons in the Mail Issuance Log (DFA 300) and keep them in secure storage while attempts are made to determine the cause of nondelivery.

.2 If the cause of nondelivery was other than a move by the household, (e.g., broken mailbox) remail the coupons or otherwise notify the household how to obtain the coupons.

.3 If the cause of nondelivery was the result of a move by the household, request the Certification Unit to provide a new address.

.31 If provided, update all relevant office records to reflect the new address, prepare a new envelope, and remail the coupons promptly to the new address. It should be noted in the "Remarks" section of the log that the coupons were remailed and the date of mailing.

.32 If the new address is not provided, nor the recipient located, the Issuance Unit should record this information in its records and retain

31918-750 3-75 26M △ OSP

63-3556 UNDELIVERED COUPONS RETURNED BY POST OFFICE (ATP AND HIR COUNTIES) Continued 63-3556

.32 Continued

the coupons until the end of the month in case the household head contacts the county and claims nonreceipt of coupons.

.4 At the end of the month, the Issuance Unit shall return the coupons to inventory that have not been redelivered to the household. The return to inventory shall be noted on the log and on the "Return to Inventory" line of Form FNS-250, Food Coupon Accountability Report (see Section 63-9514.)

63-3557 COUPONS LOST IN THE MAIL (ATP AND HIR COUNTIES) 63-3557

.1 For nondeliveries reported in the current month, see Section 63-4120.

.2 For nondeliveries reported in subsequent months, see Section 63-4250.

63-3558 REPORTING REQUIREMENTS FOR MAIL ISSUANCE (ATP AND HIR COUNTIES) 63-3558

A completed Form FNS-259 Food Stamp Mail Issuance Report, shall be completed by each mailing office and by each replacement office which reports on a separate Form FNS-250 Report. The Form FNS-259 for each county is required by the FNS, Finance Division, for verification of entries on Form FNS-250, indicating replacements for coupons lost in the mail for which the county agency is seeking inventory credit (see Section 63-9514 for examples of completed FNS-250 forms).

31918-750 3-73 25M △ OSP

63-3558 REPORTING REQUIREMENTS FOR MAIL ISSUANCE (ATP AND HIR COUNTIES) (Continued) 63-3558

Submission of FORM FNS-259

.1 Form FNS-259 will be submitted monthly for the first three months following the county's initiation of direct mail and/or PAW issuance (excluding GA PAW) whether or not any coupons are actually mailed or any mail losses actually occur. Completion of the report is necessary to ensure that the issuance office is not held liable for any bonus difference due to coupons lost in the mail and replaced. GA PAW is reported as direct mail issuance on the FNS 259, not as PAW.

.2 After the first three months of mail or PAW issuance, Form FNS-259 shall be submitted for any month in which a mail loss occurs.

.3 The total number and value of mail transactions and the total number and value of replacements issued during the month shall be entered under the "Regular Mail" column on Form FNS-259. If the reporting office also issued replacements for lost coupons mailed under provisions of the Public Assistance Withholding (PAW) program, enter the PAW data under the appropriate column on the same form, FNS-259, and report totals for all mailings and replacements.

.4 Form FNS 259 shall be completed by each mailing office and each replacement office which reports on a separate FNS 250 report, and shall be consolidated by the county prior to submission to DBP. For FNS billings related to mail loss, see Section 63-5830.

31918-750 3-75 26M △ OSP

63-3559 LIABILITY FOR COUPONS ISSUED THROUGH THE MAIL 63-3559

Coupons are deemed to be "in the mail" from the time properly-issued coupons are first under the care, custody or control of the United States Postal Service until the nondelivery is reported by the recipient household.

.1 The county agency will not be liable to Food and Nutrition Service for any properly issued coupons which are lost in the mail if the mail issuance system controls and records meet the requirements of this Manual, except as provided in .2 below.

.2 Food and Nutrition Service will assume financial liability for all properly issued coupons lost in the mail until such time as DBP-FSPM is notified that a county's rate of loss has become unacceptable to Food and Nutrition Service. A consistent loss rate of one percent or more is considered excessive. The county will be given the opportunity to take corrective action, such as the selective or total use of certified mail or the selective use of mail issuance. However, if the county's rate of loss continues to be unacceptable to FNS, all future mail and PAW issuance shall be at the risk of that county.

63-3560 PUBLIC ASSISTANCE VOLUNTARY WITHHOLDING 63-3560

Unless the county has obtained a waiver of the requirement for PAW (see Section 63-3211), the county shall permit any household participating in the Food Stamp Program, if it so elects, to have the cost of its full monthly coupon allotment deducted from any grant or payment such household may be entitled to receive under the AFDC program or County General Assistance Program and have its full monthly coupon allotment distributed to it.

63-3561 PROCEDURES TO EFFECT THE PAW PROGRAM 63-3561

.1 Voluntary Participation

Participation by a recipient in the food stamp PAW program (including GA PAW) is entirely on a voluntary basis. The program shall not be used as a money management device against the wishes of the participant. In order for a PAW program to be considered voluntary:

.11 A Form DFA-302, Authorization to Withhold Food Stamp Purchase Requirement, must be on file for each household participating in PAW, and it must be signed by each public assistance (PA) or General Assistance (GA) recipient in the household from whose grant a portion of the total purchase requirement is withheld.

.12 Procedures for cancellation of the above authorization must be simple, quick, and convenient for the recipient, e.g., a phone call to the caseworker. Participants must be informed of cancellation procedures at the time they request PAW.

.13 The household shall be temporarily suspended from the PAW program if the amount of public assistance or general assistance payment falls below the purchase requirement. The withholding agency shall immediately notify the household of the reason for the suspension and provide the household the opportunity to continue participation in the Food Stamp Program through an alternate means of issuance.

.14 An immediate refund of the grant deduction shall be made to any PAW household (including GA PAW participants) upon request when

the entire month's coupon allotment is returned (see Section 63-4230 for suggested procedures). A request for refund is not to be considered a withdrawal from either PAW issuance or the Food Stamp Program.

.2 Who May Participate in PAW

Only recipients of AFDC or general assistance grants who are members of PA or NA food stamp households may elect to participate in PAW. Those recipients who elect to participate in PAW may do so if their monthly public assistance grant(s) and/or payment(s), or the combined total of their grants and/or payments equals or exceeds the household's total Food Stamp purchase requirement, thus permitting deduction of the total purchase requirement from their aid grant(s) and/or payments(s). Allowing households with more than one grant to "share" their purchase requirement is a county option.

.3 Waiver of PAW

The county may submit a waiver request to DBP, FSPM to terminate its PAW program in accordance with Section 63-3211.

.4 Basis of PAW Deduction

Under PAW, variable purchase options do not exist (see Section 63-3420). Therefore, the total monthly purchase requirement must be deducted from AFDC or GA grant(s) and/or payment(s) made to household members who elect to participate in PAW. Under no circumstances shall a county deliver food coupons to a household by PAW unless full payment of the purchase requirement

63-3561 PROCEDURES TO EFFECT THE PAW PROGRAM (Continued) 63-3561

.4 Continued

has been deducted in advance from such aid. Once any deduction has been made, the coupon allotment shall immediately be provided to the household. Form DFA 302 provides for the "sharing" of the purchase requirement. However, if it is not feasible for the county to provide for sharing of the purchase requirement, the county need not provide this option.

.5 Methods for Deducting PAW from AFDC Grants

AFDC recipients qualifying for PAW participation may choose to have the balance of their aid after the deduction for PAW paid to them in two equal or unequal installment amounts, in accordance with AFDC procedures. However, the coupon allotment in this situation must be provided to the household corresponding to the receipt of the first PA payment. AFDC recipients participating in PAW should be encouraged to elect receipt of at least half of the balance of their AFDC grant in their first monthly installment, thereby increasing their opportunity to fully utilize their aid.

.6 Authority for Deviations

Counties wishing to deviate from these and following regulations must submit their requests to FSPM-DBP. for approval.

31918-750 3-75 26M △ OSP

63-3562 DELIVERY OF PAW ALLOTMENTS 63-3562

Home delivery through the mail of PAW allotments is the most desirable means of implementing PAW issuance. This may not be feasible in all situations. Therefore, DBP will consider requesting FNS approval for an alternate delivery system proposed by a county, but only after sufficient evidence is submitted that mailing of stamps to PAW households is not feasible for the county, for certain recipients, or for certain areas within the county.

The following procedures shall apply to those county agencies using home delivery through the mail:

.1 Working contact should be established with appropriate postal officials. In order to properly assist mailing operations, postal officials need to know when mailings are scheduled, the volume and value of the mailings, and the type of envelopes used.

.2 Coupons shall be mailed to be received by the household on the same day as the AFDC and/or GA grant. Coupons may be mailed in the same envelope with the aid payment.

.3 At least first class mail shall be used to mail coupons.

.4 Coupons shall be mailed in sturdy envelopes or other mailing packages which shall contain the following statement: DO NOT FORWARD - RETURN TO SENDER.

.5 Control shall be implemented to assure that PAW households are not also participating in the regular issuance system. In counties using an ATP card system, the controls shall prevent the issuance of an ATP card to a PAW household.

31910-750 3-75 26M △ OSP

.6 Mailing offices handling a large volume of PAW mailings each month may wish to pre-stuff envelopes and store them according to household size. The envelopes would be addressed with gummed labels. Offices using pre-stuffing methods must still provide for dual accountability during the stuffing and addressing operation and maintain a perpetual inventory record.

.7 Perpetual inventory control records shall be maintained.

.8 Mail Issuance Log DFA 300 shall be maintained for all coupon mailings. The log, together with perpetual inventory records, will constitute the daily cashier's report for the mailing office.

9. Records authorizing the mailing of coupon allotments shall be compared with those at the withholding office authorizing the deduction for the purchase requirement. This will ensure that both sets of records contain identical information and are being updated on a timely basis. The withholding offices supply the mailing office with a copy of the authorized participation record prior to each mailing operation so that the same records will be used in both operations.

31018-750 3-75 26M △ CSP

63-3563 PROCEDURES FOR PAW COUPON MAILINGS IN ATP CARD COUNTIES 63-3563

All operations involving the maintenance of coupon inventory records, assembling of coupon allotments, stuffing them into envelopes, and preparation of envelopes for mailing shall, whenever possible, be carried out by at least two persons to provide cross checks for accuracy and internal control. If these functions are performed by a single person, a second party review shall be made to verify the coupon inventory, the reconciliation on the mail issuance log, and the number of mailings prepared. The following procedure applies in an ATP card system with access to a computer printout or other listing device. Issuance units without this equipment shall refer to the HIR card procedure in Section 63-3770.

.1 Employee A obtains supply of coupons sufficient for the day's operation (with check by Employee B, or other person in charge of inventory control).

.2 The ATP Master File for PAW purchase funds may be filed on off-line storage devices (tapes, discs, card decks, etc.) and a printout supplied to the mailing office prior to the day's operation. At a minimum, the listings or printouts shall provide the name and address of the household, its food stamp case number, the value of its coupon allotment and the amount of the grant deduction. In addition, the listings shall contain totals of the purchase requirements and coupon allotments authorized under the PAW program and a total of the number of households listed. Employee B uses the listing as both the PAW record and the issuance log, addresses the envelope, and inserts the required coupon books.

81918-750 3-75 26M △ OSP

63-3563 PROCEDURES FOR PAW COUPON MAILINGS IN ATP CARD COUNTIES 63-3563

(Continued)

.3 Employee A checks the value of the coupon books in each envelope against the listing, notes on the listing that the transaction has been completed and seals and stamps the envelope.

.4 Employee B totals the coupon allotments on the listings.

.5 Employee A counts the remaining coupon supply and subtracts from the beginning supply to determine the value of coupons issued.

.6 Both Employees A and B reconcile the value of food coupons issued (see .5 above) with the total allotments authorized as indicated on the listing (see .4 above).

.7 Employee B prepares for mailing from postal instructions and counts the envelopes when putting them into the mail bags. He/she checks against the total indicated on the listing.

(See Section 63-3550, Mail Issuance System, for additional procedures.)

63-3564 PAW ISSUANCE CONTRACTS 63-3564

It is recommended that the county welfare department retain the PAW coupon issuance and administrative responsibility. This will be especially true for those counties which maintain their own coupon inventories under the county's own project code. Counties wishing to contract out the PAW coupon issuance function must adhere to those minimum requirements outlined below.

31918-750 3-75 26M △ OSP

63-3565 PROVISIONS FOR PAW COUPON ISSUANCE CONTRACTS 63-3565

Counties wishing to contract for PAW coupon issuance must submit proposed contracts to DBP-FSPM for approval prior to the implementation of such contracts as required by Manual Section 63-3240. In each case, the PAW issuance contract must make provisions for the issuance of replacement coupons to participants reporting nondelivery of PAW coupon allotments.

The following provisions must be followed for contracted PAW Issuance. Deviations from these provisions are allowed only upon prior approval from DBP-FSPM. The county must submit a written request fully explaining the merits of the proposed deviation. This should be submitted with the proposed contract in order to facilitate the approval of the contract.

.1 The agent retains a coupon inventory from which the coupons will be mailed to those food stamp households which have elected to have the purchase price of the coupons withheld from their grants.

.2 The agent will mail the coupons to such households in accordance with a participation listing provided to the agent by the county.

.3 After mailing the coupon allotments for these households, the agent will return the participation listing to the county agency by the tenth working day of the next month. The agent will certify in writing that the mailing of coupons has been completed as directed.

.4 The county will reimburse the agent for the postage and cost of mailing the coupons as provided in the general terms of the PAW issuance contract.

.5 Coupons will be mailed in nonforwarding envelopes to be returned to the county by the Postal Service when delivery cannot be accomplished.

63-3565 PROVISIONS FOR PAW COUPON ISSUANCE CONTRACTS (Continued) 63-3565

.6 The county will return to the agent at the end of the month, or as deemed necessary, any coupons returned by the postal service as nondeliverable after other means to effect delivery to the household have failed (see Section 63-3556). The agent will return these coupons to its inventory and make an adjustment on the monthly participation list. Undelivered coupons returned to inventory shall be reflected on line 10 of the FNS 250 Report.

.7 Refunds to PAW participants returning full coupon issuances to the county will be made by the county agency in accordance with Section 63-4232.

.8 The county will make provisions to make replacement issuances to those households reporting the nondelivery of PAW coupon allotments in the current month. Replacement issuances will be shown as bonus differences on the FNS-250 report and not as authorized sales. The bonus differences resulting from these replacements will be supported by the FNS-259, Mail Issuance Report, for the month in which the nondelivery was reported. Note that only replacements to participating AFDC households are reported as PAW replacements on the FNS 259. PAW replacements to General Assistance households are reported in the "Regular Mail" column.

31918-750 3-75 26M △ OSP

63-3566 REIMBURSEMENT TO THE COUNTY WELFARE DEPARTMENT 63-3566

When a PAW transaction has already taken place, with the corresponding deposit having been made, and the PAW coupon allotment is later returned to or recovered by the county welfare department, the CWD shall seek reimbursement from FNS for the PAW purchase requirement if both the coupon allotment and public assistance payment would normally have been returned to or recovered by the county, including but not limited to the following instances:

.1 Undelivered coupon allotments which are unclaimed at the end of the month and for which no replacement issuance has been made.

.2 Coupon allotments returned or recovered from households which were ineligible for the public assistance payment from which the purchase requirement was withheld.

63-3570 PAW AND MAIL REPORTING REQUIREMENTS 63-3570

.1 Form FNS-250 Food Coupon Accountability Report

Each mailing office shall clearly identify its PAW activity, excluding GA PAW, on Form FNS-250 report by separating and indicating which deposits are for PAW. GA PAW deposits shall be treated like direct mail and/or over-the-counter deposits.

.2 Form FNS-256 Monthly Report on Participation and Coupon Issuance

Form FNS-256 shall include PAW participation and issuance data.

.3 Form FNS-259 (Revised 8/72), Food Stamp Mail Issuance Report

See Section 63-3558.

31918-750 3-75 26M △ OSP

63-3600 HIR CARD PREPARATION AND USE 63-3600

63-3610 PROCEDURAL GUIDES AND CONTROLS FOR HIR CARD ISSUANCE AND SALE 63-3610

63-3611 MANUAL ISSUANCE AND SALE 63-3611

The county welfare department may elect to receive, issue, and account for food coupons itself or it may reach an agreement with some other agency to perform these functions. In either case the following basic fiscal controls must be met in a system of HIR Card issuance. Some modifications of forms and procedure are possible, particularly for operations involving a relatively small number of transactions, but specific approval of FSPM must be secured by the county for deviations or modifications.

63-3612 SCOPE 63-3612

This section covers the following functions involved in the HIR card issuance system:

.1 Establishment and maintenance of HIR (Household Issuance Record) cards.

.2 Initial preparation of forms and distribution of coupons to cashiers prior to issuance.

.3 Sale and issuance of coupons.

.4 Daily reconciliation and verification of transactions.

.5 Control of the coupon book inventory.

.6 Maintenance of current status records (DFA 286) for Food Stamp Program certified households.

.7 Maintenance of records to meet program reporting requirements.

63-3613 REQUIRED DATA ON THE HIR CARD 63-3613

Counties using HIR cards must use Form DFA 286. All requests for deviation from this form must receive both DBP-FSPM and FNS approval.

63-3614 EMERGENCY REPRESENTATIVE 63-3614

Counties may, at their discretion, provide for a system that permits the head of household or spouse to designate in writing an emergency authorized representative to purchase coupons with a particular HIR card.

63-3615 INTERNAL CONTROLS 63-3615

Internal control in the HIR card issuance system has two aspects:

.1 Separation of Responsibility

Separation of responsibility and authority between the Certification Unit of the county which authorizes actions regarding individual household and the Issuance Unit which executes the actions is essential. Notices of actions taken are routed between the two units to provide confirmation and an audit trail.

.2 Control Over Fiscal Transactions

Control over fiscal transactions must be provided through the use of:

.21 Household Issuance Records or HIR Cards (DFA 286), Receptionist Daily Tally Sheets (DFA 289), Coupon Book Inventory Records (DFA 292), and Cashier's Daily Reports (DFA 293). These records provide the basis from which the issuance supervisor may review, check, and verify all transactions, and provide an audit trail for administrative purposes.

.22 The divsion of issuance responsibilities between a cashier, supervisor and receptionist. It is recognized that because of low sales volume at an issuance office or itinerant issuance point, it is not always feasible for the duties of receptionist and cashier to be performed by separate employees. It must be emphasized, however, that a "one-man" sales service seriously weakens controls and involves a substantial risk. A county willing to assume the risk may authorize "one-man" sales service subject to the following requirements:

.221 One person can efficiently perform the duties of both the cashier and receptionist and provide satisfactory service to participants.

.222 Any issuance office simultaneously using the service of more than one person as cashier shall not be authorized to use "one-man" sales service.

.223 An office authorized to use "one-man" sales shall be required to provide a second party review of issuance transactions by an issuance supervisor in accordance with Section 63-3714.2.

.224 The county shall inform FSPM of all issuance offices authorized to use "one-man" sales service. This information shall be in the form of changes to the DFA 298. The county shall also annually review the need for such authorizations and submit an updated DFA 298 if necessary.

.225 Other alternatives must have been considered to "one man service" and were rejected only for sound reasons such as administrative infeasibility or cost considerations. At a minimum these alternatives shall include:

a. Hiring part-time employees.

b. Utilizing a portion of the time of other employees.

31918-750 3-75 26M △ OSP

63-3620 BASIC FORMS FOR HIR CARD ISSUANCE 63-3620

.1 Summary of Daily Issuance Office Transactions (DFA 291)

To be used by individual cashiers, for reporting, controlling, and balancing daily issuance transaction (or consider alternate Form DFA 293.1).

.2 Coupon Book Inventory Record (DFA 292)

To be used as a perpetual inventory record to maintain accountability of books received and issued by the issuance office and the custodian of the bulk supply of coupon books.

.3 Receptionist's Daily Tally Sheet (DFA 289)

To be used by the receptionist for recording individual daily transactions of cashiers, as authorized by certification records, including the variable purchase options exercised by eligible households, and for providing information for various balancing requirements.

.4 Household Issuance Record (DFA 286)

The Household Issuance Record (HIR) is the serialized issuance document which provides a continuing record for a single household of its certification, basis of issuance, and participation. It is used by the receptionist and cashier to record the individual issuance transactions, including the variable purchase options exercised by the household. It provides a continuing record of food coupons issued to an individual household and is used for related balancing and audit procedures as necessary.

81918-750 3-75 26M △ OSP

63-3620 BASIC FORMS FOR HIR CARD ISSUANCE (Continued) 63-3620

.5 IDENTIFICATION (ID) CARD (DFA 287)

Prepared by the Certification Unit and given or mailed to the head of household. Identifies the holder as eligible to purchase and use food coupons.

.6 CASHIER'S DAILY REPORT (DFA 293)

Accumulates and provides a substantial portion of the information required on the Form FNS-250 report and participation statisitics required on the FNS-256 (review alternate Form DFA 293.1, Summary of Daily Reports).

.7 SUMMARY OF DAILY REPORTS (DFA 293.1)

In a small manual operation this form can substitute for the DFA 289, 291, or 293.

.8 NOTICE OF CHANGE FORM (DFA 288)

Used for communication between the Certification Unit and the Issuance Unit which authorizes the establishment, alteration, termination, or suspension of an HIR card. This document should be kept in secure storage.

.9 STATISTICAL REPORT (DFA 296)

Designed to provide a record of eligible FSP households, PA and NA, for program reporting purposes.

63-3630 ESTABLISHMENT AND MAINTENANCE OF HIR CARDS 63-3630

63-3631 RESPONSIBILITIES OF CERTIFICATION UNIT 63-3631

.1 The Certification Unit shall be responsible for the determination of households' eligibility and related functions in accordance with procedures set forth in Chapter 63-2000. All changes in status for individual FSP households must be authorized by the Certification Unit and initiated by a Notice of Change. In carrying out these responsibilities the Certification Unit shall:

.11 Prepare the HIR card for each household at the time of its initial certification and forward the HIR card to the Issuance Unit, in which case each HIR card shall be signed by the certifying officer, or

.12 Prepare and forward to the Issuance Unit a Notice of Change for each household at the time of its initial certification;

AND

.13 Prepare and issue an Identification (ID) Card for each household in accordance with Section 63-9424.

.2 The Certification Unit shall notify the Issuance Unit of the following:

.21 Changes in the status of current households involving name, address, basis of issuance, type of household, period of certification, or other circumstances;

.22 Action taken to recertify participating households; and

.23 Action taken to terminate participating households.

31918-750 3-75 26M △ OSP

63-3631 RESPONSIBILITIES OF CERTIFICATION UNIT (Continued) 63-3631

.3 When taking any one of the actions indicated in Section 63-3631.2 above, the Certification Unit shall submit a Notice of Change to the Issuance Unit. When submitting a Notice of Change, the Certification Unit shall:

.31 Prepare Notice of Change in triplicate.

.32 Send original and one copy to Issuance Unit for action.

.33 File one copy by case number in suspense file until receipted copy is returned by Issuance Unit; then destroy suspense file copy and put receipted copy in case file.

63-3632 RESPONSIBILITIES OF ISSUANCE UNIT 63-3632

.1 The Issuance Unit may have as one of its duties the preparation of an HIR card for each newly-certified household when furnished a Notice of Change by the Certification Unit for each such household. If this is the case, the Issuance Unit shall:

.11 Transfer the data from the Notice of Change to the HIR record;

.12 Receipt and return one copy of the Notice of Change to the Certification Unit; and

.13 Have each HIR card signed by the preparer.

31918-750 3-75 26M △ OSP

63-3632 RESPONSIBILITIES OF ISSUANCE UNIT (Continued) 63-3632

.2 The Issuance Unit has as one of its primary duties the maintenance of the HIR files in a current, accurate state. Issuance Unit duties for the HIR files shall include:

.21 Maintaining separate files for public assistance and nonassistance cases, alphabetically or by case number depending on volume.

.22 Updating or terminating HIR cards according to effective date on Notice of Change from the Certification Unit. (If change results from recertification of a household previously canceled due to expiration of eligibility, the HIR card may be found in the inactive file.) Note: For any change made to the HIR card, the person making the change must sign or initial the card.

.23 Updating or terminating HIR cards based on Issuance Unit controls for expired certification.

.24 Notifying Certification Unit of all actions taken by the Issuance Unit on the HIR files.

.3 The Issuance Unit may also be given the responsibility for notifying the Certification Unit by lists of pending certification expiration dates in order to permit timely recertification and/or for providing the Certification Unit with a list of households terminated because of the expiration of the certification period. The Issuance Unit shall <u>not</u> use Notice of Change forms for this purpose.

31918-750 3-75 26M △ OSP

63-3632 RESPONSIBILITIES OF ISSUANCE UNIT (Continued) 63-3632

.4 The Issuance Unit shall establish controls for the HIR cards of all households whose certification period have expired and who have not been recertified by the Certification Unit. The Issuance Unit shall:

.41 File all expired HIR cards in the inactive HIR file until notified by the Certification Unit through a Notice of Change form that the household has again been certified.

.42 Upon notice of certification, update the HIR card, restore it to the active file, and sign and return to the Certification Unit a copy of the Notice of Change form, keeping one copy to be filed.

31918-750 3-75 26M △ OSP

63-3633 COMBINED RESPONSIBILITIES OF CERTIFICATION AND ISSUANCE UNITS 63-3633

.1 Security and Control of Blank HIR Cards

The county is required to take all precautions necessary to avoid unauthorized use of HIR cards and shall safeguard HIR cards from theft, embezzlement, loss, damage or destruction. The counties shall be financially liable for the bonus value of any coupons purchased with HIR cards which are stolen, embezzled from, or lost by the county.

The following controls shall be maintained as a safeguard for HIR cards:

.11 All blank HIR cards shall be serialized upon receipt from the State.

.12 All blank HIR cards shall be kept in secure storage under lock and key.

.13 Access to blank HIR cards shall be limited to authorized personnel only.

.14 An inventory control record shall be maintained by all offices and individuals responsible for distributing blank HIR cards to authorized office personnel. At a minimum this control record shall provide for: (1) The assignment of a specific individual or a limited number of individuals to maintain the inventory control record. This responsibility shall be limited to a single individual whenever possible. (2) A record, by quantity, date, and serial number, of all HIR cards withdrawn from or placed in inventory. (3) The initialing of a record of receipt by the person receiving the HIR cards. (4) The retention of the inventory control record for audit purposes.

31918-750 3-75 26M △ OSP

63-3633 COMBINED RESPONSIBILITIES OF CERTIFICATION AND ISSUANCE UNITS (Continued) 63-3633

.15 Each person authorized to receive and prepare HIR cards shall maintain a record by date, quantity, and serial number to account for cards received, cards prepared, and cards voided, mutilated, or destroyed in preparation.

.2 The county shall establish controls to prevent the duplication of HIR cards and to enable the prompt detection of such duplications. These controls must provide for:

.21 A cross-reference file listing for all certified households for the purpose of eliminating duplicate purchases by any household. Waiver of this requirement may be requested from FSPM for those counties with only one certification office whose caseloads are too small for such a file to serve a useful purpose.

.22 Keeping the cross-reference file current.

.23 Checking all applications against the cross-reference file prior to the preparation of the initial HIR card or any subsequent HIR card.

.3 Controls shall be instituted to prevent participants in Public Assistance Withholding (PAW) from purchasing coupons through regular issuance procedures. It is recommended that HIR cards for PAW participants be filed separately from other active HIR cards.

.4 Controls shall be instituted to maintain the integrity of the active and inactive HIR files by:

.41 Limiting their accessibility to authorized personnel only.

63-3633 COMBINED RESPONSIBILITIES OF CERTIFICATION AND ISSUANCE UNITS (Continued) 63-3633

.42 Providing for a semiannual comparison of such cards against the case files to determine whether both records are current and in agreement. At a minimum, a ten percent sample of both active and inactive HIR cards shall be conducted by the issuance supervisor or a responsible person outside the Issuance Unit to whom it may be delegated. If during the course of the review an HIR card is discovered for which a case file cannot be located, a 100 percent comparison shall be undertaken. Any discrepancies shall be documented and corrective action taken.

63-3640 VARIABLE PURCHASE IN AN HIR COUNTY 63-3640

63-3641 MINIMUM REQUIREMENTS (OVER-THE-COUNTER) 63-3641

.1 Counties need not increase the frequency of issuance currently offered, provided monthly and semimonthly issuance are offered to the household. Recipients electing monthly issuance at the time of certification shall be given the option of changing to semi-monthly at any time during the month if monthly issuance will interfere with his/her participation, and if he/she has not already purchased more than half of his/her coupon allotment.

31918-750 3-75 26M △ OSP

63-3641 MINIMUM REQUIREMENTS (OVER-THE-COUNTER) (Continued) 63-3641

.2 The variable purchase options shall be listed on the HIR card in accordance with the following procedures (see Forms DFA 286):

.21 HIR cards for households on monthly issuance. All four options listed: all, three-quarters, one-half, and one-quarter.

.22 HIR cards for households receiving semimonthly issuances. Two options listed: one-half and one-quarter.

.23 HIR cards for households receiving quarter-monthly issuances. One option listed: one-quarter.

.3 The receptionist shall note on the DFA 289, Daily Tally Sheet, the variable purchase option elected by the recipient, enter it on the HIR card, and initial the HIR card next to the variable purchase option selected.

.4 The cashier shall initial the entry on the HIR card, issue the correct amount of coupons as indicated on the HIR card, and have the recipient sign the card as a receipt. If the recipient subsequently decides to change his/her selection of a variable purchase option, he/she must return to the receptionist to have the change made.

63-3642 OPTIONAL PROCEDURES 63-3642

.1 Counties may permit households purchasing twice a month to elect any of the four options at the first time of purchase and provide the balance of the allotment during the second time of purchase during the month.

.2 Counties may permit all households who so desire to participate on the semimonthly or quarter-monthly basis.

DO NOT WRITE IN THIS SPACE

Operations shall utilize the procedures and controls outlined in Section 63-3540 and following.

.1 Initial Entries on the Daily Tally Sheet (DFA 289)

The Daily Tally Sheet is maintained by the receptionist for recording the individual daily transactions assigned to each cashier. The receptionist maintains a separate Daily Tally Sheet in duplicate for each cashier in the Issuance Unit.

In one-man sales operations the maintenance of the Daily Tally Sheet may be optional subject to the following conditions: (1) The Form FNS-256, Monthly Report of Participation and Coupon Issuance, can be prepared directly from transacted HIR cards, and (2) the Daily Tally Sheet is not used in establishing the universe for quality control sampling.

31918-750 3-75 26M △ OSP

.2 Initial Entries on Cashier's Daily Report (DFA 293)

.21 The issuance supervisor initiates the Cashier's Daily Report (Form DFA 293) for each cashier by entering the following information:

.211 Cashier's name and date, and the name and address of issuing unit.

.212 Number of coupon books, by denomination, in possession of cashiers (if any) at the beginning of the day or the books left over from the previous day's sales which are now being returned to the cashier.

NOTE: It is suggested that each cashier's initial supply be the same as that which he had remaining at the close of the previous day's business. In that way, the beginning entries agree with the closing entries of the preceding day's form, and it will not be necessary to enter on the inventory records the return by, and subsequent reissue to the cashier, of books remaining at the end of the day.

.213 Number of additional books distributed to each cashier at the start of the day. Record the distribution of coupon books to individual cashiers on the Coupon Book Inventory Record (DFA 292) in accordance with instructions for the form and obtain initials of the cashier on the Cashier's Daily Report.

.214 The amount of operating change issued to individual cashiers. Obtain the initials of the cashier in the space to the left of the amount to show receipt of the change funds.

.22 The Cashier's Daily Report form may be retained by either the cashier or the office supervisor until further entries are necessary.

31918-750 3-75 25M △ OSP

63-3711 ISSUANCE OF COUPON BOOKS 63-3711

.1 Action by Receptionist

.11 Requires the recipient to identify himself/herself as the certified recipient or authorized representative through presentation of the Food Stamp Identification Card (DFA 287).

.12 Pulls the HIR card from the file. Provision shall be made to have these records available to the receptionist when the issuing office is open for business.

.13 Compares the HIR card with the ID card to confirm that it pertains to the proper household and makes the following entries on the HIR card: Date of coupon issuance, variable purchase option selected by the recipient, and initials of the receptionist.

.14 Selects the Daily Tally Sheet of the cashier from whom the recipient will purchase coupons and enters the required informtion. The information will be obtained from the HIR card except for the recipient's choice of variable purchase option. (See Section 63-9426 for DFA 289 instructions on entries to be made by the receptionist on each Daily Tally Sheet.)

.15 Forward the HIR card to the designated cashier for the sale of coupons. If the recipient subsequently decides to change his/her selection of a variable purchase option, he/she must return to the receptionist to have the change made.

.16 At the end of the day, totals columns F (Purchase Requirement) and G (Total Coupon Allotment) of the Daily Tally Sheet, and completes the statistical information called for at the bottom of the Daily Tally Sheet.

.2 Action by Cashier

.21 Receives the HIR card forwarded from the receptionist and makes the following entries on the appropriate lines of the card: The amount of cash to be received from the recipient, face value of coupons to be issued, and initials of cashier.

.22 Accepts the correct purchase requirement in accordance with the authorized variable purchase option selected by the recipient as entered on the HIR card by the receptionist.

.23 Obtains purchaser's signature on the appropriate line of the HIR card as a receipt.

.24 Issues coupons in accordance with the mandatory issuance tables (see Section 63-9600, Exhibit A).

.25 Requests that the purchaser signs each coupon book before leaving the office. The authorized representative should be instructed to remind the household head to sign each book as soon as the books are delivered.

.26 Retains the HIR card until the end of the day balancing operations in accordance with instructions for the DFA 293 (see Section 63-9430).

31918-750 3-75 26M △ OSP

63-3712 SUPPLEMENTAL ISSUANCE OF COUPON BOOKS TO CASHIER 63-3712

When it becomes necessary to replenish the supply of coupon books held by the cashier, the issuance supervisor shall:

.1 Determine the number of additional books to be issued.

.2 Deliver the additional books to the cashier.

.3 Enter the number of books, by denomination, on the Cashier's Daily Report (DFA 293).

.4 Record the distribution of books in the Coupon Book Inventory Record.

.5 Obtain the initials of the cashier on the Cashier's Daily Report.

63-3713 HANDLING OF CASH RECEIPTS 63-3713

.1 As necessary or prudent during the day, the issuance supervisor shall:

.11 Accept accumulated cash receipts from the cashier.

.12 Enter the amount of such cash accepted on the Cashier's Daily Report.

.13 Initial as having received the cash on the Cashier's Daily Report

.2 The issuance supervisor prepares deposits in accordance with depositing instructions unless this function has been delegated to the cashier. (Also see Section 63-3543.)

31918-750 3-75 26M △ OSP

63-3714 END OF DAY RECONCILIATION AND VERIFICATION OF TRANSACTION 63-3714

.1 Responsibilities of Cashier

At the End of the Day, the Cashier:

.11 Reconciles total cash receipts and value of books issued with the cash due and coupon value authorized by transacted HIR cards and with the column totals (F and G) of the Receptionist's Daily Tally Sheet. Such reconciliation shall be accomplished by the completion of the remaining items on the Cashier's Daily Report.

.12 Submits change fund and coupon book inventory to issuance supervisor or places in secure storage, depending on county policy.

.13 Submits HIR cards, Cashier's Daily Report, Daily Tally Sheet, and cash receipts to the issuance supervisor. (The cashier will not submit the cash receipts if, in accordance with county policy, the cashier is responsible for the deposit of cash. If the cashier deposits the cash receipts, then the cashier will submit the receipt of deposit to the issuance supervisor.)

.14 Submits mutilated and improperly manufactured books returned by recipients to the supervisor for forwarding to FNS, Western Region, as an attachment to the Form FNS-250, Food Coupon Accountability Report (also see Section 63-4130).

31918-750 3-75 26M △ OSP

63-3714 END OF DAY RECONCILIATION AND VERIFICATION OF TRANSACTION 63-3714
(Continued)

.2 Responsibilities of Issuance Supervisor

Certain end of day review functions of the issuance supervisor may be delegated to members of the issuance unit, provided that the principle of second party review is maintained at all times. However, it must be remembered that delegation of supervisory duties may weaken controls and increase the risk of losses for which the county is liable.

.21 Duties which may be delegated include:

.211 Taking a physical count of each cashier's coupons on hand and comparing the coupon total with the number shown on the Cashier's Daily Report (unless the cashier is responsible for all coupons stored in the issuance office and returns them to storage. However, the supervisor must take the physical inventory of coupon books at the end of the month)

.212 Taking a physical count of the cash receipts and comparing this amount, or amount shown on the deposit form(s) if receipts are deposited by cashier, with amount shown on the Cashier's Daily Report.

.213 Verifying that the authorized cash requirement and coupon value totals of the transacted HIR cards (as shown on the Cashier's Daily Report or alternative) agree with the actual amounts shown on Daily Tally Sheet.

.214 Verifying the computation of cash/coupon differences, confirming that overages and shortages are properly identified in the "Remarks" section, and that replacements for coupons reported lost in the mail are supported by appropriate documentation.

(Also see Section 63-3558).

63-3714 END OF DAY RECONCILIATION AND VERIFICATION OF TRANSACTION 63-3714
(Continued)

.22 / Required duties which shall not be delegated include:

.221 Preparing the Form FNS-250 each month from the Cashier's Daily Report and thereafter, maintaining the reports for audit review purposes.

.222 In a "one-man" sales operation none of the duties in Section 63-3714.21 above may be delegated within the Issuance Unit.

63-3715 DEPOSIT OF CASH RECEIVED 63-3715

The issuance supervisor (or cashier if the responsibility has been delegated) shall prepare the deposits of cash receipts in accordance with depositing instructions in Section 63-3900.

63-3716 PARTICIPATION STATISTICS 63-3716

The Issuance Unit is responsible for preparing the Form FNS-256, Monthly Report of Participation and Coupon Issuance. This is accomplished through a review of the Receptionist's Daily Tally Sheet or HIR cards after the month's executed issuances have been recorded, and shall be done in accordance with the applicable instructions in Section 63-9515. The Issuance Unit is also responsible for preparing the DFA 358, Food Stamp Program Participants by Ethnic Group.

The Certification Unit is responsible for preparing the DFA 296, Monthly Statistical Report. For instructions on completing this form, see Section 63-9431.

31918-750 3-75 26M △ OSP

63-3717 MULTI-HOUSEHOLD AUTHORIZED REPRESENTATIVES 63-3717

When an authorized representative seeks to transact HIR cards for more than one household, the following precautions should be taken by the issuance cashier:

.1 Require members of organizations authorized by the county to serve as multi-household representatives to show acceptable membership credentials.

.2 Require all other multi-household authorized representatives to show written official authorization furnished by the certification office, listing the households represented. In case of questionable circumstances a telephone check shall be made with the certification office to establish the validity of the claimed multi-household representative designation.

63-3720 MAIL ISSUANCE SYSTEM (HIR COUNTIES) 63-3720

The problem of nonparticipation due to limited issuing centers may be resolved through a system of mail issuance. Households which elect direct mail issuance may not change to over-the-counter within the same month. The following requirements should be observed.

.1 Mailing of Coupons - See Section 63-3555

.2 Undelivered Coupons Returned by Post Office - See Section 63-3556

.3 Coupons Lost in the Mail - See Section 63-3557

.4 Reporting Requirements for Mail Issuance - See Section 63-3558

.5 Liability for Coupons Issued Through the Mail - See Section 63-3559

31918-750 3-75 26M △ OSP

63-3721 REQUEST FOR MAIL ISSUANCE (HIR Counties) 63-3721

In an HIR card system, the county must require that the initial request for mail issuance be submitted in writing. Thereafter, Mail Issuance Request Form DFA 301 shall be mailed each month with the coupon allotments of those households participating by mail. Households may not receive both mail and over-the-counter issuance in any one month. The form, therefore, is valid only during the month it is issued for provided the household has not purchased over-the-counter during the issuance period. The form includes the variable purchase options available to the household. The household shall clearly indicate on the form the variable purchase option it has elected.

The issuance transaction must be completed provided that the Mail Issuance Request and correct purchase requirement are postmarked in the issuance month and are received by the Mail Issuance site by the fifth of the following month.

Counties may elect not to send Form DFA 301s to households which have initially requested mail issuance but which have not used their DFA 301s. Households shall be advised of county procedures in this regard. They may, however, request again, either verbally or in writing, to participate by mail, and the county shall send them the appropriate month's DFA 301s.

31918-750 3-75 26M △ OSP

63-3721 REQUEST FOR MAIL ISSUANCE (HIR COUNTIES) (Continued) 63-3721

Counties may also elect not to issue Mail Issuance Request forms to households that have no purchase requirement if the households are willing to receive their coupon allotments directly. Instead, after ascertaining whether the household wishes to receive monthly or semi-monthly issuance of coupons, counties should promptly mail the coupon allotment to these households each month. A listing must be maintained of all such issuances to insure accurate reconciliation. Procedures for cancellation of the above authorization must be simple, quick, and convenient for the recipient, e.g., a phone call to the caseworker. Participants must be informed of cancellation procedures. Counties may encourage zero purchase recipients to use this method for receiving their coupon allotments, but must inform such recipients of their option to use over-the-counter issuance (although the county should inform the recipient of the advantages of mail issuance).

Counties shall not issue Mail Issuance Request forms to households who have elected to receive their coupons via the Public Assistance Withholding method (including General Assistance PAW).

31918-750 3-75 26M △ OSP

The following procedure is suggested as a means of insuring the prompt mailing of food coupons while maintaining proper accountability controls in a manual system using HIR cards:

.1 The Receptionist

The receptionist receives the request for mail issuance and posts it to the Mail Issuance Log, DFA 300. The receptionist attaches the purchase requirement (see Section 63-3505) to the HIR card and forwards them to the cashier along with a properly addressed envelope. The DFA 301 is then sent to the Certification Unit and placed in a central file for audit and reconciliation purposes.

.2 The Cashier

.21 Inserts in the envelope the required coupon allotment from his/her current stock. Records the mail issuance in the remarks section of the HIR card and files it separately from HIR cards executed during regular over-the-counter issuance, and returns the envelope to the receptionist for mailing.

.22 Endorses the money order or cashier's check as follows: "Pay to the order of (name and location of bank) in exchange for a draft drawn payable to the Treasurer of the United States. This check is in payment of an obligation of the United States and must be paid at par. N.P. Do not wire nonpayment. (Food and Nutrition Service, USDA.)"

31918-750 3-75 26M △ OSP

.3 The Receptionist

.31 Verifies the coupon allotment.

.32 Seals the envelope and prepares it for mailing.

.33 Completes the entry on the log by noting the date mailed.

.4 At the end of the day

.41 The cashier totals the cash and coupons authorized on the HIR cards separately for mail and over-the-counter issuance and completes the Cashier's Daily Report (DFA 293) for the total sales.

.42 The receptionist totals the cash and coupon columns on the log and verifies the total number of requests received and the total number of envelopes prepared, prior to mailing.

.5 The authorized totals for mail issuance shall be reconciled from appropriate HIR cards and the receptionist's log and then combined with authorized totals from regular issuance for reconciliation with the Cashier's Daily Report.

31918-750 3-75 26M △ OSP

63-3723 IMPLEMENTATION OF VARIABLE PURCHASE IN AN HIR MAIL ISSUANCE SYSTEM - MINIMUM REQUIREMENTS 63-3723

.1 Counties need not increase the frequency of issuance currently offered, provided monthly and semimonthly issuances are offered to the household. The only exception to this is PAW households which may receive their entire coupon allotment directly through the mail. (See Section 63-3414.2 regarding zero purchase households).

.2 Mail Issuance request forms DFA 301 must be provided by the county to each participating mail issuance household by the first of each month (see 63-3721).

.21 Mail issuance participants shall be required to sign next to the option being elected.

.22 The form shall be valid only for the issuance month.

.23 Households which have elected monthly issuance will be provided one DFA 301.

.24 Households which have elected semimonthly issuance shall be provided <u>two</u> Form DFA 301s with the total and 3/4 signature blocks lined out, together with a stuffer explaining that the household may return either one or both forms for 1/4, 1/2, 3/4 or the total coupon allotment each month. The stuffer should also explain county policy with respect to lack of mail participation (see Section 63-3721). The household may return the forms either separately or together with the correct purchase requirement.

.25 Counties offering quarter-monthly issuance shall provide household with <u>four</u> Form DFA 301s with the total, 3/4 and 1/2 signature blocks lined out. A stuffer notice shall also be provided as in .24 above.

63-3724 ONE-MAN SALES SERVICE 63-3724

If the office has one-man sales service, the issuance supervisor shall verify the coupon allotments and the number of requests processed prior to mailing. (See Definition - One Man-Sales Service, Section 63-3100.9.)

63-3725 MAIL ISSUANCE BY CONTRACT ISSUANCE AGENTS 63-3725

completed a cashier's check or postal money order intended to fulfill A/Mail Issuance Request and/the purchase requirement are required for each sales transaction by mail. No change in the DFA 301 format is necessarily required for contracted mail issuance.

The county's issuance agent must receive the signed DFA 301 together with the purchase price prior to the expiration of the certification period, before the issuance agent can mail the coupon books (also see Section 63-3554). The only exception to this is in cases when a DFA 301 is postmarked within the issuance month and is received by the issuance agent by the fifth working day of the following month. These late DFA 301 forms shall be honored during the following month but reported for the issuance month.

63-3730 MAIL ISSUANCE REQUEST FORMS UNDELIVERED BY THE POST OFFICE 63-3730

Despite prompt updating of the HIR files, there will be occasions when Mail Issuance Request Forms (DFA 301) are returned by the post office as undelivered. Offices receiving undelivered DFA 301s shall exercise reasonable security and accountability controls. The issuance offices shall maintain a list of all undelivered DFA 301s indicating disposition and shall retain the list for audit purposes.

31918-750 3-75 26M △ OSP

63-3731 RECEIVING OFFICE 63-3731

Upon receipt of an undelivered DFA 301, the receiving office shall:

.1 Record the case name on a disposition list;

.2 Place the DFA 301 in secure storage; and

.3 Determine the cause of nondelivery of the DFA 301.

.31 If the cause of nondelivery was the result of a move by the household, contact the household's certification worker for guidance on the action to be taken.

.32 If the cause of nondelivery was other than a move by the household, (e.g., a broken mailbox) remail the DFA 301 or otherwise notify the household how it may obtain the Mail Issuance Request, and that it may still purchase coupons over-the-counter.

31918-750 3-75 26M △ CSP

Upon being notified of a returned DFA 301, the certification worker shall determine whether the household has left the county or has moved within the county.

.1 If the household has moved out of the county, its eligibility may be terminated immediately. The issuance office should be notified to void the DFA 301. DFA 301s shall not be mailed to the household when it is determined that the household has moved out of the county.

.2 If the household has moved within the county, the certification office shall prepare a Notice of Adverse Action and mail it to the old address. This document is forwardable and may reach the household although the DFA 301 did not. The certification office need not take any further action to locate the household as it is the household's responsibility to report such changes in circumstances.

Should the household contact the county for its DFA 301, the Mail Issuance Request usually would be reissued on the same basis of issuance. However, the county may elect to reissue the DFA 301 based on changed household circumstances, as established at the time of contact, if the new basis of issuance is favorable to the client.

.3 The Certification Unit, (by Notice of Change), shall notify the Issuance Unit of termination of, or changes in, the household's basis of issuance as a result of .1 and .2 above.

31918-750 3-75 26M △ OSP

63-3733 DISPOSITION OF MAIL ISSUANCE REQUEST NOT REISSUED BY THE RECEIVING OFFICE 63-3733

DFA 301s which are not reissued by the receiving office prior to their expiration date may be destroyed or returned to the Issuance Unit, whichever procedure is preferred by the county. However, the destruction of all DFA 301s must be witnessed by at least two persons and the action initialed on a disposition list.

63-3734 PATTERN OF UNDELIVERED DFA 301s 63-3734

The county shall be alert for a pattern of undelivered DFA 301s for which the household cannot be located as this may be an indication of fraud.

63-3740 OUT-OF-COUNTY MAIL ISSUANCE REQUESTS 63-3740

The acceptance of either out-of-county or out-of-state mail issuance request forms by the county is prohibited. Out-of-county and out-of-state mail issuance request forms accepted in error shall be counted as actual but not authorized issuances for which the county is liable.

31918-750 3-75 26M △ OSP

63-3750 CANCEL AND REWRITE 63-3570

In instances where the basis of issuance was correctly determined based on information correctly reported but where the recipient's income has changed significantly in the reporting month (e.g., the recipient has lost his or her job) and this income change is not the result of changes in utility costs, the county may cancel and rewrite the DFA 301s and HIR card for the month based on a revised budget computation. For income changes resulting from utility costs, see Section 63-2404.2. Counties are encouraged to use this procedure to prevent situations where recipients may be forced into nonparticipation because of a change in their income. The Certification Unit would be responsible for recomputing the household's basis of issuance and notifying the Issuance Unit of changes to be made to the HIR card and DFA 301. With the exception of utility cost situations cancelling and rewriting is a county option. NOTE: It is recommended that counties not cancel and rewrite the DFA 301 and HIR card when the recipient has already participated that month. If the county deems it necessary to cancel and rewrite when participation has occurred, a special effort should be made to record the correct participation data. Cancelling and rewriting may not take place when total participation has occurred.

31918-750 3-75 26M △ OSP

63-3760 SIXTY-DAY CONTINUATION OF CERTIFICATION 63-3760

.1 The county shall be responsible for the issuance of Mail Issuance Requests to households which qualify for the 60-day continuation of certification in accordance with procedures outlined in Sections 63-2422 and 63-2423.

.2 The county shall provide the following issuance controls:

.21 Termination of the household by the county of origin when the 60-day transfer form is issued.

.22 Termination of a household by the county transferred into if the household is not certified after the 60-day period expires.

.23 Prevention of duplicate issuance if the household is certified i.e., precluding the issuance of Mail Issuance Requests under both new certification and the 60-day continuing eligibility.

.3 The Certification Unit shall take proper precautions in the storage and handling of Form FNS-286, Certification of Household Transfer, to prevent its unauthorized use to obtain Mail Issuance Requests. See Section 63-2426 for specific requirements and controls.

31918-750 3-75 26M △ OSP

All operations that involve maintaining coupon inventory records, assembling of coupon allotments, stuffing envelopes, and preparing envelopes for mailing shall, whenever possible, be carried out by at least two persons to provide cross checks for accuracy and internal control. If these functions are performed by a single person, a second party review shall be made to verify the coupon inventory, the reconciliation of the mail issuance log, and the number of mailings prepared.

The following procedures illustrate how these requirements can be carried out in an HIR card system:

(a) Employee A obtains a supply of coupons sufficient for the day's operation (checked by Employee B or other persons responsible for inventory control).

(b) Employee B maintains a separate file of HIR cards for households participating in the PAW program. Using this file for PAW records, he/she addresses the envelopes and inserts the required coupon books.

(c) Employee A checks the value of the coupon books in each envelope against the PAW records, posts to the mail issuance log, and seals the envelope.

(d) Employee B totals coupon allotments authorized by PAW records and on the mail issuance log.

(e) Employee A counts remaining coupon supply and subtracts from the beginning supply to determine the value of coupons issued.

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63-3770 PAW ISSUANCE (HIR COUNTIES) (Continued) 63-3730

(f) Both Employees A and B reconcile the value of coupons issued (see (e) above) with the value of total allotments authorized (see (d) above).

(g) Employee B prepares for mailing from postal instructions and counts envelopes, putting them into the mail bags. He/she checks against the total. (Also see Section 63-3560.)

CHAPTER 63-3800 COUPON ALLOTMENTS 63-3800

63-3810 TABLES FOR ISSUANCE FOR VARIOUS TYPES OF COUPON BOOKS 63-3810

Exhibit A, Section 63-9600, represents tables for the issuances of various types of coupon books. The tables cover all the allowable coupon allotments available under the variable purchase provisions for households ranging in size from 1 to 31 persons.

These tables are designed to provide the recipient with an efficient and economical distribution of the five types of coupon books. This distribution is also generally necessary to insure that sufficient quantities of each type of coupon book are available.

Reasonable deviations from the tables are authorized to allow for adaptations to emergency conditions or for temporary adjustments because of the unavailability of one or more of the five types of coupon books. Exceptions from the tables are also authorized for blind recipients requesting that all coupons be of the same denominations. However, "personal convenience" requests by recipients shall not be honored.

31918-750 3-75 26M △ OSP

63-3820 DETERMINING PURCHASE REQUIREMENTS 63-3820

Food stamps are issued to the eligible household based on USDA Tables of Coupon Issuance establishing the purchase requirement and the total monthly allotment of coupons according to the household's adjusted net income and size. These tables provide for monthly purchases, equal semimonthly purchases, three-quarter and quarter-monthly purchases. Households (except for those on PAW), may elect to purchase all, three-quarters, one-half, or one-quarter of their full monthly coupon allotment. However, no deviation from the figures in these tables is permitted.

As purchase requirements are based on adjusted net income and the number of persons in the household, these two factors are shown in the appropriate Tables of Coupon Issuance, Section 63-3840. The coupon allotment values, bonus coupon values and purchase requirement values are found only in these tables. These tables are adjusted semi-annually. For determination of adjusted net income and household size, see Chapter 63-2000.

31918-750 3-75 26M △ OSP

63-3830 PURCHASE OF STAMPS FROM COUNTY FUNDS FOR EMERGENCY RELIEF 63-3830

Inherent in the objective of the Food Stamp Program is the statutory requirement that bonus stamps shall not be used to reduce grants or the need standards on which grants are based.

In California, in accordance with W&I Code Sections 17000 and 17003, there is basically one form of General Assistance (GA), financed entirely by county funds. This is a mandatory General Assistance program for those "indigents" meeting the legal residence and the policy requirements of unemployability and other factors. For this group, state and federal law require that the officially-adopted county General Assistance budget and grant be made without reference to the availability of food stamps. The GA grant is then used, like any other source of income, to determine the food coupon purchase requirement.

Another facet of the General Assistance Program is a permissive "Emergency Relief" grant for a limited number of emergency cases which do not meet residence and/or employability criteria set forth in the W&I Code for General Assistance cases. Counties are not, however, to use the bonus value of food coupons to replace or reduce any General Assistance for such persons.

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE

63-3840

.1 For Issuance to Households of Up to 20 Persons Use the Following Tables:

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table I

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	1	2	3	4	5
Coupon Allotment	$52	$96	$138	$174	$206
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0- 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20- 29.99	1	1	0	0	0
30- 39.99	4	4	4	4	5
40- 49.99	6	7	7	7	8
50- 59.99	8	10	10	10	11
60- 69.99	10	12	13	13	14
70- 79.99	12	15	16	16	17
80- 89.99	14	18	19	19	20
90- 99.99	16	21	21	22	23
100- 109.99	18	23	24	25	26
110- 119.99	21	26	27	28	29
120- 129.99	24	29	30	31	33
130- 139.99	27	32	33	34	36
140- 149.99	30	35	36	37	39
150- 169.99	33	38	40	41	42
170- 189.99	39	44	46	47	48
190- 209.99	40	50	52	53	54
210- 229.99	42	56	58	59	60
230- 249.99	42	62	64	65	66
250- 269.99	42	68	70	71	72
270- 289.99	1/	74	76	77	78
290- 309.99		76	82	83	84
310- 329.99		76	88	89	90
330- 359.99		76	94	95	96
360- 389.99		1/	103	104	105
390- 419.99			112	113	114
420- 449.99			120	122	123
450- 479.99			120	131	132
480- 509.99			1/	140	141
510- 539.99				149	150
540- 569.99				150	159
570- 599.99				150	168
600- 629.99				1/	177
630- 659.99					178
660- 689.99					178
690- 719.99					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

2/ Verified by FNS.

Maximum Allowable Adjusted Monthly Net Income

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	262	344	460	580	687	827	913	1047	1180	1313	1446	1579	1712	1845	1978

Household Size	16	17	18	19	20
Adjusted Monthly Net Income	2111	2244	2377	2510	2643

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$248	$274	$314	$354	$394
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0- 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	11	12	12	12	12
60- 69.99	14	15	16	16	16
70- 79.99	17	18	19	19	19
80- 89.99	21	21	22	22	22
90- 99.99	24	25	26	26	26
100- 109.99	27	28	29	29	29
110- 119.99	31	32	33	33	33
120- 129.99	34	35	36	36	36
130- 139.99	37	38	39	39	39
140- 149.99	40	41	42	42	42
150- 169.99	43	44	45	45	45
170- 189.99	49	50	51	51	51
190- 209.99	55	56	57	57	57
210- 229.99	61	62	63	63	63
230- 249.99	67	68	69	69	69
250- 269.99	73	74	75	75	75
270- 289.99	79	80	81	81	81
290- 309.99	85	86	87	87	87
310- 329.99	91	92	93	93	93
330- 359.99	97	98	99	99	99
360- 389.99	106	107	108	108	108
390- 419.99	115	116	117	117	117
420- 449.99	124	125	126	126	126
450- 479.99	133	134	135	135	135
480- 509.99	142	143	144	144	144
510- 539.99	151	152	153	153	153
540- 569.99	160	161	162	162	162
570- 599.99	169	170	171	171	171
600- 629.99	178	179	180	180	180
630- 659.99	187	188	189	189	189
660- 689.99	196	197	198	198	198
690- 719.99	205	206	207	207	207
720- 749.99	214	215	216	216	216
750- 779.99	216	224	225	225	225
780- 809.99	216	233	234	234	234
810- 839.99	216	238	243	243	243
840- 869.99	1/	238	252	252	252
870- 899.99		238	261	261	261
900- 929.99		238 1/	270	270	270
930- 959.99			274	279	279
960- 989.99			274	288	288
990-1019.99			274	297	297
1020-1049.99			1/	306	306
1050-1079.99				310	315

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

81918-750 3-75 25M △ GSP

STD. 400A (8-71)

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

63-3840 TABLES OF COUPON ISSUANCE (Continued)

63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

Continued

FOOD STAMP PROGRAM
Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$248	$274	$314	$354	$394
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1080-1109.99				310	324
1110-1139.99				310	333
1140-1169.99				310	342
1170-1199.99				310	346
1200-1229.99				1/	346
1230-1259.99					346
1260-1289.99					346
1290-1319.99					346
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$434	$474	$514	$554	$594
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0- 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	12	12	12	12	12
60- 69.99	16	16	16	16	16
70- 79.99	19	19	19	19	19
80- 89.99	22	22	22	22	22
90- 99.99	26	26	26	26	26
100- 109.99	29	29	29	29	29
110- 119.99	33	33	33	33	33
120- 129.99	36	36	36	36	36
130- 139.99	39	39	39	39	39
140- 149.99	42	42	42	42	42
150- 169.99	45	45	45	45	45
170- 189.99	51	51	51	51	51
190- 209.99	57	57	57	57	57
210- 229.99	63	63	63	63	63
230- 249.99	69	69	69	69	69
250- 269.99	75	75	75	75	75
270- 289.99	81	81	81	81	81
290- 309.99	87	87	87	87	87
310- 329.99	93	93	93	93	93
330- 359.99	99	99	99	99	99
360- 389.99	108	108	108	108	108
390- 419.99	117	117	117	117	117
420- 449.99	126	126	126	126	126
450- 479.99	135	135	135	135	135
480- 509.99	144	144	144	144	144
510- 539.99	153	153	153	153	153
540- 569.99	162	162	162	162	162
570- 599.99	171	171	171	171	171
600- 629.99	180	180	180	180	180
630- 659.99	189	189	189	189	189
660- 689.99	198	198	198	198	198
690- 719.99	207	207	207	207	207
720- 749.99	216	216	216	216	216
750- 779.99	225	225	225	225	225
780- 809.99	234	234	234	234	234
810- 839.99	243	243	243	243	243
840- 869.99	252	252	252	252	252
870- 899.99	261	261	261	261	261
900- 929.99	270	270	270	270	270
930- 959.99	279	279	279	279	279
960- 989.99	288	288	288	288	288
990-1019.99	297	297	297	297	297
1020-1049.99	306	306	306	306	306
1050-1079.99	315	315	315	315	315

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

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63-3840 TABLES OF COUPON ISSUANCE (Continued)

63-3840

State of California
Health and Welfare Agency
Continued

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$434	$474	$514	$554	$594
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1080-1109.99	324	324	324	324	324
1110-1139.99	333	333	333	333	333
1140-1169.99	342	342	342	342	342
1170-1199.99	351	351	351	351	351
1200-1229.99	360	360	360	360	360
1230-1259.99	369	369	369	369	369
1260-1289.99	378	378	378	378	378
1290-1319.99	382	387	387	387	387
1320-1349.99	382	396	396	396	396
1350-1379.99	382	405	405	405	405
1380-1409.99	382	414	414	414	414
1410-1439.99	382	418	423	423	423
1440-1469.99	382	418	432	432	432
1470-1499.99	1/	418	441	441	441
1500-1529.99		418	450	450	450
1530-1559.99		418	454	459	459
1560-1589.99		418	454	468	468
1590-1619.99		1/	454	477	477
1620-1649.99			454	486	486
1650-1679.99			454	490	495
1680-1709.99			454	490	504
1710-1739.99			454	490	513
1740-1769.99			1/	490	522
1770-1799.99				490	526
1800-1829.99				490	526
1830-1859.99				490	526
1860-1889.99				1/	526
1890-1919.99					526
1920-1949.99					526
1950-1979.99					526
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$634	$674	$714	$754	$794
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0- 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	12	12	12	12	12
60- 69.99	16	16	16	16	16
70- 79.99	19	19	19	19	19
80- 89.99	22	22	22	22	22
90- 99.99	26	26	26	26	26
100- 109.99	29	29	29	29	29
110- 119.99	33	33	33	33	33
120- 129.99	36	36	36	36	36
130- 139.99	39	39	39	39	39
140- 149.99	42	42	42	42	42
150- 169.99	45	45	45	45	45
170- 189.99	51	51	51	51	51
190- 209.99	57	57	57	57	57
210- 229.99	63	63	63	63	63
230- 249.99	69	69	69	69	69
250- 269.99	75	75	75	75	75
270- 289.99	81	81	81	81	81
290- 309.99	87	87	87	87	87
310- 329.99	93	93	93	93	93
330- 359.99	99	99	99	99	99
360- 389.99	108	108	108	108	108
390- 419.99	117	117	117	117	117
420- 449.99	126	126	126	126	126
450- 479.99	135	135	135	135	135
480- 509.99	144	144	144	144	144
510- 539.99	153	153	153	153	153
540- 569.99	162	162	162	162	162
570- 599.99	171	171	171	171	171
600- 629.99	180	180	180	180	180
630- 659.99	189	189	189	189	189
660- 689.99	198	198	198	198	198
690- 719.99	207	207	207	207	207
720- 749.99	216	216	216	216	216
750- 779.99	225	225	225	225	225
780- 809.99	234	234	234	234	234
810- 839.99	243	243	243	243	243
840- 869.99	252	252	252	252	252
870- 899.99	261	261	261	261	261
900- 929.99	270	270	270	270	270
930- 959.99	279	279	279	279	279
960- 989.99	288	288	288	288	288
990- 1019.99	297	297	297	297	297
1020- 1049.99	306	306	306	306	306
1050- 1079.99	315	315	315	315	315

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

91918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$634	$674	$714	$754	$794
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1080- 1109.99	324	324	324	324	324
1110- 1139.99	333	333	333	333	333
1140- 1169.99	342	342	342	342	342
1170- 1199.99	351	351	351	351	351
1200- 1229.99	360	360	360	360	360
1230- 1259.99	369	369	369	369	369
1260- 1289.99	378	378	378	378	378
1290- 1319.99	387	387	387	387	387
1320- 1349.99	396	396	396	396	396
1350- 1379.99	405	405	405	405	405
1380- 1409.99	414	414	414	414	414
1410- 1439.99	423	423	423	423	423
1440- 1469.99	432	432	432	432	432
1470- 1499.99	441	441	441	441	441
1500- 1529.99	450	450	450	450	450
1530- 1559.99	459	459	459	459	459
1560- 1589.99	468	468	468	468	468
1590- 1619.99	477	477	477	477	477
1620- 1649.99	486	486	486	486	486
1650- 1679.99	495	495	495	495	495
1680- 1709.99	504	504	504	504	504
1710- 1739.99	513	513	513	513	513
1740- 1769.99	522	522	522	522	522
1770- 1799.99	531	531	531	531	531
1800- 1829.99	540	540	540	540	540
1830- 1859.99	549	549	549	549	549
1860- 1889.99	558	558	558	558	558
1890- 1919.99	562	567	567	567	567
1920- 1949.99	562	576	576	576	576
1950- 1979.99	562	585	585	585	585
1980- 2009.99	562	594	594	594	594
2010- 2039.99	562	598	603	603	603
2040- 2069.99	562	598	612	612	612
2070- 2099.99	562	598	621	621	621
2100- 2129.99	562	598	630	630	630
2130- 2159.99	1/	598	634	639	639
2160- 2189.99		598	634	648	648
2190- 2219.99		598	634	657	657
2220- 2249.99		598	634	666	666
2250- 2279.99		1/	634	670	675
2280- 2309.99			634	670	684
2310- 2339.99			634	670	693
2340- 2369.99			634	670	702
2370- 2399.99			634	670	706
2400- 2429.99			1/	670	706
2430- 2459.99				670	706
2460- 2489.99				670	706
2490- 2519.99				670	706
				1/	

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 25M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 1

FOOD STAMP PROGRAM
Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$634	$674	$714	$754	$794
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
2520-2549.99					706
2550-2579.99					706
2580-2609.99					706
2610-2639.99					706
2640-2669.99					706 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	1	2	3	4	5
Coupon Allotment	$39	$72	$104	$131	$155
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.75	0.75	0.00	0.00	0.00
30- 39.99	3.00	3.00	3.00	3.00	3.75
40- 49.99	4.50	5.25	5.25	5.25	6.00
50- 59.99	6.00	7.50	7.50	7.50	8.25
60- 69.99	7.50	9.00	9.75	9.75	10.50
70- 79.99	9.00	11.25	12.00	12.00	12.75
80- 89.99	10.50	13.50	14.25	14.25	15.00
90- 99.99	12.00	15.75	15.75	16.50	17.25
100- 109.99	13.50	17.25	18.00	18.75	19.50
110- 119.99	15.75	19.50	20.25	21.00	21.75
120- 129.99	18.00	21.75	22.50	23.25	24.75
130- 139.99	20.25	24.00	24.75	25.50	27.00
140- 149.99	22.50	26.25	27.00	27.75	29.25
150- 169.99	24.75	28.50	30.00	30.75	31.50
170- 189.99	29.25	33.00	34.50	35.25	36.00
190- 209.99	30.00	37.50	39.00	39.75	40.50
210- 229.99	31.50	42.00	43.50	44.25	45.00
230- 249.99	31.50	46.50	48.00	48.75	49.50
250- 269.99	31.50	51.00	52.50	53.25	54.00
270- 289.99	1/	55.50	57.00	57.75	58.50
290- 309.99		57.00	61.50	62.25	63.00
310- 329.99		57.00	66.00	66.75	67.50
330- 359.99		57.00	70.50	71.25	72.00
360- 389.99		1/	77.25	78.00	78.75
390- 419.99			84.00	84.75	85.50
420- 449.99			90.00	91.50	92.25
450- 479.99			90.00	98.25	99.00
480- 509.99			1/	105.00	105.75
510- 539.99				111.75	112.50
540- 569.99				112.50	119.25
570- 599.99				112.50	126.00
600- 629.99				1/	132.75
630- 659.99					133.50
660- 689.99					133.50
690- 719.99					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	262	344	460	580	687	827	913	1047	1180	1313	1446	1579	1712	1845	1978

Household Size	16	17	18	19	20
Adjusted Monthly Net Income	2111	2244	2377	2510	2643

DO NOT WRITE IN THIS SPACE

31918-780 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
Three Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	6	7	8	9	10
Coupon Allotment	$186	$206	$236	$266	$296
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	8.25	9.00	9.00	9.00	9.00
60- 69.99	10.50	11.25	12.00	12.00	12.00
70- 79.99	12.75	13.50	14.25	14.25	14.25
80- 89.99	15.75	15.75	16.50	16.50	16.50
90- 99.99	18.00	18.75	19.50	19.50	19.50
100- 109.99	20.25	21.00	21.75	21.75	21.75
110- 119.99	23.25	24.00	24.75	24.75	24.75
120- 129.99	25.50	26.25	27.00	27.00	27.00
130- 139.99	27.75	28.50	29.25	29.25	29.25
140- 149.99	30.00	30.75	31.50	31.50	31.50
150- 169.99	32.25	33.00	33.75	33.75	33.75
170- 189.99	36.75	37.50	38.25	38.25	38.25
190- 209.99	41.25	42.00	42.75	42.75	42.75
210- 229.99	45.75	46.50	47.25	47.25	47.25
230- 249.99	50.25	51.00	51.75	51.75	51.75
250- 269.99	54.75	55.50	56.25	56.25	56.25
270- 289.99	59.25	60.00	60.75	60.75	60.75
290- 309.99	63.75	64.50	65.25	65.25	65.25
310- 329.99	68.25	69.00	69.75	69.75	69.75
330- 359.99	72.75	73.50	74.25	74.25	74.25
360- 389.99	79.50	80.25	81.00	81.00	81.00
390- 419.99	86.25	87.00	87.75	87.75	87.75
420- 449.99	93.00	93.75	94.50	94.50	94.50
450- 479.99	99.75	100.50	101.25	101.25	101.25
480- 509.99	106.50	107.25	108.00	108.00	108.00
510- 539.99	113.25	114.00	114.75	114.75	114.75
540- 569.99	120.00	120.75	121.50	121.50	121.50
570- 599.99	126.75	127.50	128.25	128.25	128.25
600- 629.99	133.50	134.25	135.00	135.00	135.00
630- 659.99	140.25	141.00	141.75	141.75	141.75
660- 689.99	147.00	147.75	148.50	148.50	148.50
690- 719.99	153.75	154.50	155.25	155.25	155.25
720- 749.99	160.50	161.25	162.00	162.00	162.00
750-779.99	162.00	168.00	168.75	168.75	168.75
780- 809.99	162.00	174.75	175.50	175.50	175.50
810- 839.99	162.00	178.50	182.25	182.25	182.25
840- 869.99	1/	178.50	189.00	189.00	189.00
870- 899.99		178.50	195.75	195.75	195.75
900- 929.99		178.50	202.50	202.50	202.50
930- 959.99		1/	205.50	209.25	209.25
960- 989.99			205.50	216.00	216.00
990-1019.99			205.50	222.75	222.75
1020-1049.99			205.50	229.50	229.50
1050-1079.99			1/	232.50	236.25
1080-1109.99				232.50	243.00
1110-1139.99				232.50	249.75
1140-1169.99				232.50	256.50
1170-1199.99				232.50	259.50
1200-1229.99				1/	259.50
1230-1259.99					259.50
1260-1289.99					259.50
1290-1319.99					259.50 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ CSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	$326	$356	$386	$416	$446
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	9.00	9.00	9.00	9.00	9.00
60- 69.99	12.00	12.00	12.00	12.00	12.00
70- 79.99	14.25	14.25	14.25	14.25	14.25
80- 89.99	16.50	16.50	16.50	16.50	16.50
90- 99.99	19.50	19.50	19.50	19.50	19.50
100- 109.99	21.75	21.75	21.75	21.75	21.75
110- 119.99	24.75	24.75	24.75	24.75	24.75
120- 129.99	27.00	27.00	27.00	27.00	27.00
130- 139.99	29.25	29.25	29.25	29.25	29.25
140- 149.99	31.50	31.50	31.50	31.50	31.50
150- 169.99	33.75	33.75	33.75	33.75	33.75
170- 189.99	38.25	38.25	38.25	38.25	38.25
190- 209.99	42.75	42.75	42.75	42.75	42.75
210- 229.99	47.25	47.25	47.25	47.25	47.25
230- 249.99	51.75	51.75	51.75	51.75	51.75
250- 269.99	56.25	56.25	56.25	56.25	56.25
270- 289.99	60.75	60.75	60.75	60.75	60.75
290- 309.99	65.25	65.25	65.25	65.25	65.25
310- 329.99	69.75	69.75	69.75	69.75	69.75
330- 359.99	74.25	74.25	74.25	74.25	74.25
360- 389.99	81.00	81.00	81.00	81.00	81.00
390- 419.99	87.75	87.75	87.75	87.75	87.75
420- 449.99	94.50	94.50	94.50	94.50	94.50
450- 479.99	101.25	101.25	101.25	101.25	101.25
480- 509.99	108.00	108.00	108.00	108.00	108.00
510- 539.99	114.75	114.75	114.75	114.75	114.75
540- 569.99	121.50	121.50	121.50	121.50	121.50
570- 599.99	128.25	128.25	128.25	128.25	128.25
600- 629.99	135.00	135.00	135.00	135.00	135.00
630- 659.99	141.75	141.75	141.75	141.75	141.75
660- 689.99	148.50	148.50	148.50	148.50	148.50
690- 719.99	155.25	155.25	155.25	155.25	155.25
720- 749.99	162.00	162.00	162.00	162.00	162.00
750- 779.99	168.75	168.75	168.75	168.75	168.75
780- 809.99	175.50	175.50	175.50	175.50	175.50
810- 839.99	182.25	182.25	182.25	182.25	182.25
840- 869.99	189.00	189.00	189.00	189.00	189.00
870- 899.99	195.75	195.75	195.75	195.75	195.75
900- 929.99	202.50	202.50	202.50	202.50	202.50
930- 959.99	209.25	209.25	209.25	209.25	209.25
960- 989.99	216.00	216.00	216.00	216.00	216.00
990-1019.99	222.75	222.75	222.75	222.75	222.75
1020-1049.99	229.50	229.50	229.50	229.50	229.50
1050-1079.99	236.25	236.25	236.25	236.25	236.25

DO NOT WRITE IN THIS SPACE

31918-750 3-75 25M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	$326	$356	$386	$416	$446
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
1080-1109.99	243.00	243.00	243.00	243.00	243.00
1110-1139.99	249.75	249.75	249.75	249.75	249.75
1140-1169.99	256.50	256.50	256.50	256.50	256.50
1170-1199.99	263.25	263.25	263.25	263.25	263.25
1200-1229.99	270.00	270.00	270.00	270.00	270.00
1230-1259.99	276.75	276.75	276.75	276.75	276.75
1260-1289.99	283.50	283.50	283.50	283.50	283.50
1290-1319.99	286.50	290.25	290.25	290.25	290.25
1320-1349.99	286.50	297.00	297.00	297.00	297.00
1350-1379.99	286.50	303.75	303.75	303.75	303.75
1380-1409.99	286.50	310.50	310.50	310.50	310.50
1410-1439.99	286.50	313.50	317.25	317.25	317.25
1440-1469.99	286.50	313.50	324.00	324.00	324.00
1470-1499.99	1/	313.50	330.75	330.75	330.75
1500-1529.99		313.50	337.50	337.50	337.50
1530-1559.99		313.50	340.50	344.25	344.25
1560-1589.99		313.50	340.50	351.00	351.00
1590-1619.99		1/	340.50	357.75	357.75
1620-1649.99			340.50	364.50	364.50
1650-1679.99			340.50	367.50	371.25
1680-1709.99			340.50	367.50	378.00
1710-1739.99			340.50	367.50	384.75
1740-1769.99			1/	367.50	391.50
1770-1799.99				367.50	394.50
1800-1829.99				367.50	394.50
1830-1859.99				367.50	394.50
1860-1889.99				1/	394.50
1890-1919.99					394.50
1920-1949.99					394.50
1950-1979.99					394.50
					1/

1/ For any eligible household with higher adjusted monthly net income use maxiaum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	$476	$506	$536	$566	$596
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	9.00	9.00	9.00	9.00	9.00
60- 69.99	12.00	12.00	12.00	12.00	12.00
70- 79.99	14.25	14.25	14.25	14.25	14.25
80- 89.99	16.50	16.50	16.50	16.50	16.50
90- 99.99	19.50	19.50	19.50	19.50	19.50
100- 109.99	21.75	21.75	21.75	21.75	21.75
110- 119.99	24.75	24.75	24.75	24.75	24.75
120- 129.99	27.00	27.00	27.00	27.00	27.00
130- 139.99	29.25	29.25	29.25	29.25	29.25
140- 149.99	31.50	31.50	31.50	31.50	31.50
150- 169.99	33.75	33.75	33.75	33.75	33.75
170- 189.99	38.25	38.25	38.25	38.25	38.25
190- 209.99	42.75	42.75	42.75	42.75	42.75
210- 229.99	47.25	47.25	47.25	47.25	47.25
230- 249.99	51.75	51.75	51.75	51.75	51.75
250- 269.99	56.25	56.25	56.25	56.25	56.25
270- 289.99	60.75	60.75	60.75	60.75	60.75
290- 309.99	65.25	65.25	65.25	65.25	65.25
310- 329.99	69.75	69.75	69.75	69.75	69.75
330- 359.99	74.25	74.25	74.25	74.25	74.25
360- 389.99	81.00	81.00	81.00	81.00	81.00
390- 419.99	87.75	87.75	87.75	87.75	87.75
420- 449.99	94.50	94.50	94.50	94.50	94.50
450- 479.99	101.25	101.25	101.25	101.25	101.25
480- 509.99	108.00	108.00	108.00	108.00	108.00
510- 539.99	114.75	114.75	114.75	114.75	114.75
540- 569.99	121.50	121.50	121.50	121.50	121.50
570- 599.99	128.25	128.25	128.25	128.25	128.25
600- 629.99	135.00	135.00	135.00	135.00	135.00
630- 659.99	141.75	141.75	141.75	141.75	141.75
660- 689.99	148.50	148.50	148.50	148.50	148.50
690- 719.99	155.25	155.25	155.25	155.25	155.25
720- 749.99	162.00	162.00	162.00	162.00	162.00
750- 779.99	168.75	168.75	168.75	168.75	168.75
780- 809.99	175.50	175.50	175.50	175.50	175.50
810- 839.99	182.25	182.25	182.25	182.25	182.25
840- 869.99	189.00	189.00	189.00	189.00	189.00
870- 899.99	195.75	195.75	195.75	195.75	195.75
900- 929.99	202.50	202.50	202.50	202.50	202.50
930- 959.99	209.25	209.25	209.25	209.25	209.25
960- 989.99	216.00	216.00	216.00	216.00	216.00
990-1019.99	222.75	222.75	222.75	222.75	222.75
1020-1049.99	229.50	229.50	229.50	229.50	229.50
1050-1079.99	236.25	236.25	236.25	236.25	236.25

DO NOT WRITE IN THIS SPACE

31918-780 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	$476	$506	$536	$566	$596
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
1080-1109.99	243.00	243.00	243.00	243.00	243.00
1110-1139.99	249.75	249.75	249.75	249.75	249.75
1140-1169.99	256.50	256.50	256.50	256.50	256.50
1170-1199.99	263.25	263.25	263.25	263.25	263.25
1200-1229.99	270.00	270.00	270.00	270.00	270.00
1230-1259.99	276.75	276.75	276.75	276.75	276.75
1260-1289.99	283.50	283.50	283.50	283.50	283.50
1290-1319.99	290.25	290.25	290.25	290.25	290.25
1320-1349.99	297.00	297.00	297.00	297.00	297.00
1350-1379.99	303.75	303.75	303.75	303.75	303.75
1380-1409.99	310.50	310.50	310.50	310.50	310.50
1410-1439.99	317.25	317.25	317.25	317.25	317.25
1440-1469.99	324.00	324.00	324.00	324.00	324.00
1470-1499.99	330.75	330.75	330.75	330.75	330.75
1500-1529.99	337.50	337.50	337.50	337.50	337.50
1530-1559.99	344.25	344.25	344.25	344.25	344.25
1560-1589.99	351.00	351.00	351.00	351.00	351.00
1590-1619.99	357.75	357.75	357.75	357.75	357.75
1620-1649.99	364.50	364.50	364.50	364.50	364.50
1650-1679.99	371.25	371.25	371.25	371.25	371.25
1680-1709.99	378.00	378.00	378.00	378.00	378.00
1710-1739.99	384.75	384.75	384.75	384.75	384.75
1740-1769.99	391.50	391.50	391.50	391.50	391.50
1770-1799.99	398.25	398.25	398.25	398.25	398.25
1800-1829.99	405.00	405.00	405.00	405.00	405.00
1830-1859.99	411.75	411.75	411.75	411.75	411.75
1860-1889.99	418.50	418.50	418.50	418.50	418.50
1890-1919.99	421.50	425.25	425.25	425.25	425.25
1920-1949.99	421.50	432.00	432.00	432.00	432.00
1950-1979.99	421.50	438.75	438.75	438.75	438.75
1980-2009.99	421.50	445.50	445.50	445.50	445.50
2010-2039.99	421.50	448.50	452.25	452.25	452.25
2040-2069.99	421.50	448.50	459.00	459.00	459.00
2070-2099.99	421.50	448.50	465.75	465.75	465.75
2100-2129.99	421.50	448.50	472.50	472.50	472.50
2130-2159.99	1/	448.50	475.50	479.25	479.25
2160-2189.99		448.50	475.50	486.00	486.00
2190-2219.99		448.50	475.50	492.75	492.75
2220-2249.99		448.50	475.50	499.50	499.50
2250-2279.99		1/	475.50	502.50	506.25
2280-2309.99			475.50	502.50	513.00
2310-2339.99			475.50	502.50	519.75
2340-2369.99			475.50	502.50	526.50
2370-2399.99			475.50	502.50	529.50
2400-2429.99			1/	502.50	529.50
2430-2459.99				502.50	529.50
2460-2489.99				502.50	529.50
2490-2519.99				502.50	529.50
				1/	

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$476	$506	$536	$566	$596
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
2520-2549.99					529.50
2550-2579.99					529.50
2580-2609.99					529.50
2610-2639.99					529.50
2640-2669.99					529.50 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SEMIMONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	1	2	3	4	5
Coupon Allotment	$26	$48	$69	$87	$103
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.50	0.50	0.00	0.00	0.00
30- 39.99	2.00	2.00	2.00	2.00	2.50
40- 49.99	3.00	3.50	3.50	3.50	4.00
50- 59.99	4.00	5.00	5.00	5.00	5.50
60- 69.99	5.00	6.00	6.50	6.50	7.00
70- 79.99	6.00	7.50	8.00	8.00	8.50
80- 89.99	7.00	9.00	9.50	9.50	10.00
90- 99.99	8.00	10.50	10.50	11.00	11.50
100- 109.99	9.00	11.50	12.00	12.50	13.00
110- 119.99	10.50	13.00	13.50	14.00	14.50
120- 129.99	12.00	14.50	15.00	15.50	16.50
130- 139.99	13.50	16.00	16.50	17.00	18.00
140- 149.99	15.00	17.50	18.00	18.50	19.50
150- 169.99	16.50	19.00	20.00	20.50	21.00
170- 189.99	19.50	22.00	23.00	23.50	24.00
190- 209.99	20.00	25.00	26.00	26.50	27.00
210- 229.99	21.00	28.00	29.00	29.50	30.00
230- 249.99	21.00	31.00	32.00	32.50	33.00
250- 269.99	21.00	34.00	35.00	35.50	36.00
270- 289.99	1/	37.00	38.00	38.50	39.00
290- 309.99		38.00	41.00	41.50	42.00
310- 329.99		38.00	44.00	44.50	45.00
330- 359.99		38.00	47.00	47.50	48.00
360- 389.99		1/	51.50	52.00	52.50
390- 419.99			56.00	56.50	57.00
420- 449.99			60.00	61.00	61.50
450- 479.99			60.00	65.50	66.00
480- 509.99			1/	70.00	70.50
510- 539.99				74.50	75.00
540- 569.99				75.00	79.50
570- 599.99				75.00	84.00
600- 629.99				1/	88.50
630- 659.99					89.00
660- 689.99					89.00
690- 719.99					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	262	344	460	580	687	827	913	1047	1180	1313	1446	1579	1712	1845	1978

Household Size	16	17	18	19	20
Adjusted Monthly Net Income	2111	2244	2377	2510	2643

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31918-750 3-75 26M △ CSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$124	$137	$157	$177	$197
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	5.50	6.00	6.00	6.00	6.00
60- 69.99	7.00	7.50	8.00	8.00	8.00
70- 79.99	8.50	9.00	9.50	9.50	9.50
80- 89.99	10.50	10.50	11.00	11.00	11.00
90- 99.99	12.00	12.50	13.00	13.00	13.00
100- 109.99	13.50	14.00	14.50	14.50	14.50
110- 119.99	15.50	16.00	16.50	16.50	16.50
120- 129.99	17.00	17.50	18.00	18.00	18.00
130- 139.99	18.50	19.00	19.50	19.50	19.50
140- 149.99	20.00	20.50	21.00	21.00	21.00
150- 169.99	21.50	22.00	22.50	22.50	22.50
170- 189.99	24.50	25.00	25.50	25.50	25.50
190- 209.99	27.50	28.00	28.50	28.50	23.50
210- 229.99	30.50	31.00	31.50	31.50	31.50
230- 249.99	33.50	34.00	34.50	34.50	34.50
250- 269.99	36.50	37.00	37.50	37.50	37.50
270- 289.99	39.50	40.00	40.50	40.50	40.50
290- 309.99	42.50	43.00	43.50	43.50	43.50
310- 329.99	45.50	46.00	46.50	46.50	46.50
330- 359.99	48.50	49.00	49.50	49.50	49.50
360- 389.99	53.00	53.50	54.00	54.00	54.00
390- 419.99	57.50	58.00	58.50	58.50	58.50
420- 449.99	62.00	62.50	63.00	63.00	63.00
450- 479.99	66.50	67.00	67.50	67.50	67.50
480- 509.99	71.00	71.50	72.00	72.00	72.00
510- 539.99	75.50	76.00	76.50	76.50	76.50
540- 569.99	80.00	80.50	81.00	81.00	81.00
570- 599.99	84.50	85.00	85.50	85.50	85.50
600- 629.99	89.00	89.50	90.00	90.00	90.00
630- 659.99	93.50	94.00	94.50	94.50	94.50
660- 689.99	98.00	98.50	99.00	99.00	99.00
690- 719.99	102.50	103.00	103.50	103.50	103.50
720- 749.99	107.00	107.50	108.00	108.00	108.00
750- 779.99	108.00	112.00	112.50	112.50	112.50
780- 809.99	108.00	116.50	117.00	117.00	117.00
810- 839.99	108.00	119.00	121.50	121.50	121.50
840- 869.99	1/	119.00	126.00	126.00	126.00
870- 899.99		119.00	130.50	130.50	130.50
900- 929.99		119.00	135.00	135.00	135.00
930- 959.99		1/	137.00	139.50	139.50
960- 989.99			137.00	144.00	144.00
990- 1019.99			137.00	148.50	148.50
1020- 1049.99			137.00	153.00	153.00
1050- 1079.99			1/	155.00	157.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$124	$137	$157	$177	$197
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 1080- 1109.99				155.00	$ 162.00
1110- 1139.99				155.00	166.50
1140- 1169.99				155.00	171.00
1170- 1199.99				155.00	173.00
1200- 1229.99				1/	173.00
1230- 1259.99					173.00
1260- 1289.99					173.00
1290-1319.99					173.00
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31910-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
Semimonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$217	$237	$257	$277	$297
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	6.00	6.00	6.00	6.00	6.00
60- 69.99	8.00	8.00	8.00	8.00	8.00
70- 79.99	9.50	9.50	9.50	9.50	9.50
80- 89.99	11.00	11.00	11.00	11.00	11.00
90- 99.99	13.00	13.00	13.00	13.00	13.00
100- 109.99	14.50	14.50	14.50	14.50	14.50
110- 119.99	16.50	16.50	16.50	16.50	16.50
120- 129.99	18.00	18.00	18.00	18.00	18.00
130- 139.99	19.50	19.50	19.50	19.50	19.50
140- 149.99	21.00	21.00	21.00	21.00	21.00
150- 169.99	22.50	22.50	22.50	22.50	22.50
170- 189.99	25.50	25.50	25.50	25.50	25.50
190- 209.99	28.50	28.50	28.50	28.50	28.50
210- 229.99	31.50	31.50	31.50	31.50	31.50
230- 249.99	34.50	34.50	34.50	34.50	34.50
250- 269.99	37.50	37.50	37.50	37.50	37.50
270- 289.99	40.50	40.50	40.50	40.50	40.50
290- 309.99	43.50	43.50	43.50	43.50	43.50
310- 329.99	46.50	46.50	46.50	46.50	46.50
330- 359.99	49.50	49.50	49.50	49.50	49.50
360- 389.99	54.00	54.00	54.00	54.00	54.00
390- 419.99	58.50	58.50	58.50	58.50	58.50
420- 449.99	63.00	63.00	63.00	63.00	63.00
450- 479.99	67.50	67.50	67.50	67.50	67.50
480- 509.99	72.00	72.00	72.00	72.00	72.00
510- 539.99	76.50	76.50	76.50	76.50	76.50
540- 569.99	81.00	81.00	81.00	81.00	81.00
570- 599.99	85.50	85.50	85.50	85.50	85.50
600- 629.99	90.00	90.00	90.00	90.00	90.00
630- 659.99	94.50	94.50	94.50	94.50	94.50
660- 689.99	99.00	99.00	99.00	99.00	99.00
690- 719.99	103.50	103.50	103.50	103.50	103.50
720- 749.99	108.00	108.00	108.00	108.00	108.00
750- 779.99	112.50	112.50	112.50	112.50	112.50
780- 809.99	117.00	117.00	117.00	117.00	117.00
810- 839.99	121.50	121.50	121.50	121.50	121.50
840- 869.99	126.00	126.00	126.00	126.00	126.00
870- 899.99	130.50	130.50	130.50	130.50	130.50
900- 929.99	135.00	135.00	135.00	135.00	135.00
930- 959.99	139.50	139.50	139.50	139.50	139.50
960- 989.99	144.00	144.00	144.00	144.00	144.00
990- 1019.99	148.50	148.50	148.50	148.50	148.50
1020- 1049.99	153.00	153.00	153.00	153.00	153.00
1050- 1079.99	157.50	157.50	157.50	157.50	157.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M Δ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$217	$237	$257	$277	$297
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
1080-1109.99	162.00	162.00	162.00	162.00	162.00
1110-1139.99	166.50	166.50	166.50	166.50	166.50
1140-1169.99	171.00	171.00	171.00	171.00	171.00
1170-1199.99	175.50	175.50	175.50	175.50	175.50
1200-1229.99	180.00	180.00	180.00	180.00	180.00
1230-1259.99	184.50	184.50	184.50	184.50	184.50
1260-1289.99	189.00	189.00	189.00	189.00	189.00
1290-1319.99	191.00	193.50	193.50	193.50	193.50
1320-1349.99	191.00	198.00	198.00	198.00	198.00
1350-1379.99	191.00	202.50	202.50	202.50	202.50
1380-1409.99	191.00	207.00	207.00	207.00	207.00
1410-1439.99	191.00	209.00	211.50	211.50	211.50
1440-1469.99	191.00	209.00	216.00	216.00	216.00
1470-1499.99	1/	209.00	220.50	220.50	220.50
1500-1529.99		209.00	225.00	225.00	225.00
1530-1559.99		209.00	227.00	229.50	229.50
1560-1589.99		209.00	227.00	234.00	234.00
1590-1619.99		1/	227.00	238.50	238.50
1620-1649.99			227.00	243.00	243.00
1650-1679.99			227.00	245.00	247.50
1680-1709.99			227.00	245.00	252.00
1710-1739.99			227.00	245.00	256.50
1740-1769.99			1/	245.00	261.00
1770-1799.99				245.00	263.00
1800-1829.99				245.00	263.00
1830-1859.99				245.00	263.00
1860-1889.99				1/	263.00
1890-1919.99					263.00
1920-1949.99					263.00
1950-1979.99					263.00
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$317	$337	$357	$377	$397
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	6.00	6.00	6.00	6.00	6.00
60- 69.99	8.00	8.00	8.00	8.00	8.00
70- 79.99	9.50	9.50	9.50	9.50	9.50
80- 89.99	11.00	11.00	11.00	11.00	11.00
90- 99.99	13.00	13.00	13.00	13.00	13.00
100- 109.99	14.50	14.50	14.50	14.50	14.50
110- 119.99	16.50	16.50	16.50	16.50	16.50
120- 129.99	18.00	18.00	18.00	18.00	18.00
130- 139.99	19.50	19.50	19.50	19.50	19.50
140- 149.99	21.00	21.00	21.00	21.00	21.00
150- 169.99	22.50	22.50	22.50	22.50	22.50
170- 189.99	25.50	25.50	25.50	25.50	25.50
190- 209.99	28.50	28.50	28.50	28.50	28.50
210- 229.99	31.50	31.50	31.50	31.50	31.50
230- 249.99	34.50	34.50	34.50	34.50	34.50
250- 269.99	37.50	37.50	37.50	37.50	37.50
270- 289.99	40.50	40.50	40.50	40.50	40.50
290- 309.99	43.50	43.50	43.50	43.50	43.50
310- 329.99	46.50	46.50	46.50	46.50	46.50
330- 359.99	49.50	49.50	49.50	49.50	49.50
360- 389.99	54.00	54.00	54.00	54.00	54.00
390- 419.99	58.50	58.50	58.50	58.50	58.50
420- 449.99	63.00	63.00	63.00	63.00	63.00
450- 479.99	67.50	67.50	67.50	67.50	67.50
480- 509.99	72.00	72.00	72.00	72.00	72.00
510- 539.99	76.50	76.50	76.50	76.50	76.50
540- 569.99	81.00	81.00	81.00	81.00	81.00
570- 599.99	85.50	85.50	85.50	85.50	85.50
600- 629.99	90.00	90.00	90.00	90.00	90.00
630- 659.99	94.50	94.50	94.50	94.50	94.50
660- 689.99	99.00	99.00	99.00	99.00	99.00
690- 719.99	103.50	103.50	103.50	103.50	103.50
720- 749.99	108.00	108.00	108.00	108.00	108.00
750- 779.99	112.50	112.50	112.50	112.50	112.50
780- 809.99	117.00	117.00	117.00	117.00	117.00
810- 839.99	121.50	121.50	121.50	121.50	121.50
840- 869.99	126.00	126.00	126.00	126.00	126.00
870- 899.99	130.50	130.50	130.50	130.50	130.50
900- 929.99	135.00	135.00	135.00	135.00	135.00
930- 959.99	139.50	139.50	139.50	139.50	139.50
960- 989.99	144.00	144.00	144.00	144.00	144.00
990- 1019.99	148.50	148.50	148.50	148.50	148.50
1020- 1049.99	153.00	153.00	153.00	153.00	153.00
1050- 1079.99	157.50	157.50	157.50	157.50	157.50

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M Δ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
Semimonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$317	$337	$357	$377	$397
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
1080- 1109.99	162.00	162.00	162.00	162.00	162.00
1110- 1139.99	166.50	166.50	166.50	166.50	166.50
1140- 1169.99	171.00	171.00	171.00	171.00	171.00
1170- 1199.99	175.50	175.50	175.50	175.50	175.50
1200- 1229.99	180.00	180.00	180.00	180.00	180.00
1230- 1259.99	184.50	184.50	184.50	184.50	184.50
1260- 1289.99	189.00	189.00	189.00	189.00	189.00
1290- 1319.99	193.50	193.50	193.50	193.50	193.50
1320- 1349.99	198.00	198.00	198.00	198.00	198.00
1350- 1379.99	202.50	202.50	202.50	202.50	202.50
1380- 1409.99	207.00	207.00	207.00	207.00	207.00
1410- 1439.99	211.50	211.50	211.50	211.50	211.50
1440- 1469.99	216.00	216.00	216.00	216.00	216.00
1470- 1499.99	220.50	220.50	220.50	220.50	220.50
1500- 1529.99	225.00	225.00	225.00	225.00	225.00
1530- 1559.99	229.50	229.50	229.50	229.50	229.50
1560- 1589.99	234.00	234.00	234.00	234.00	234.00
1590- 1619.99	238.50	238.50	238.50	238.50	238.50
1620- 1649.99	243.00	243.00	243.00	243.00	243.00
1650- 1679.99	247.50	247.50	247.50	247.50	247.50
1680- 1709.99	252.00	252.00	252.00	252.00	252.00
1710- 1739.99	256.50	256.50	256.50	256.50	256.50
1740- 1769.99	261.00	261.00	261.00	261.00	261.00
1770- 1799.99	265.50	265.50	265.50	265.50	265.50
1800- 1829.99	270.00	270.00	270.00	270.00	270.00
1830- 1859.99	274.50	274.50	274.50	274.50	274.50
1860- 1889.99	279.00	279.00	279.00	279.00	279.00
1890- 1919.99	281.00	283.50	283.50	283.50	283.50
1920- 1949.99	281.00	288.00	288.00	288.00	288.00
1950- 1979.99	281.00	292.50	292.50	292.50	292.50
1980- 2009.99	281.00	297.00	297.00	297.00	297.00
2010- 2039.99	281.00	299.00	301.50	301.50	301.50
2040- 2069.99	281.00	299.00	306.00	306.00	306.00
2070- 2099.99	281.00	299.00	310.50	310.50	310.50
2100- 2129.99	281.00	299.00	315.00	315.00	315.00
2130- 2159.99	1/	299.00	317.00	319.50	319.50
2160- 2189.99		299.00	317.00	324.00	324.00
2190- 2219.99		299.00	317.00	328.50	328.50
2220- 2249.99		299.00	317.00	333.00	333.00
2250- 2279.99		1/	317.00	335.00	337.50
2280- 2309.99			317.00	335.00	342.00
2310- 2339.99			317.00	335.00	346.50
2340- 2369.99			317.00	335.00	351.00
2370- 2399.99			317.00	335.00	353.00
2400- 2429.99			1/	335.00	353.00
2430- 2459.99				335.00	353.00
2460- 2489.99				335.00	353.00
2490- 2519.99				335.00 1/	353.00

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed

DO NOT WRITE IN THIS SPACE

81918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 3

FOOD STAMP PROGRAM
SemiMonthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$317	$337	$357	$377	$397
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
2520-2549.99					353.00
2550-2579.99					353.00
2580-2609.99					353.00
2610-2639.99					353.00
2640-2669.99					353.00 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	1	2	3	4	5
Coupon Allotment	$13	$24	$35	$44	$52
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0- 19.99	$0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.25	0.25	0.00	0.00	0.00
30- 39.99	1.00	1.00	1.00	1.00	1.25
40- 49.99	1.50	1.75	1.75	1.75	2.00
50- 59.99	2.00	2.50	2.50	2.50	2.75
60- 69.99	2.50	3.00	3.25	3.25	3.50
70- 79.99	3.00	3.75	4.00	4.00	4.25
80- 89.99	3.50	4.50	4.75	4.75	5.00
90- 99.99	4.00	5.25	5.25	5.50	5.75
100- 109.99	4.50	5.75	6.00	6.25	6.50
110- 119.99	5.25	6.50	6.75	7.00	7.25
120- 129.99	6.00	7.25	7.50	7.75	8.25
130- 139.99	6.75	8.00	8.25	8.50	9.00
140- 149.99	7.50	8.75	9.00	9.25	9.75
150- 169.99	8.25	9.50	10.00	10.25	10.50
170- 189.99	9.75	11.00	11.50	11.75	12.00
190- 209.99	10.00	12.50	13.00	13.25	13.50
210- 229.99	10.50	14.00	14.50	14.75	15.00
230- 249.99	10.50	15.50	16.00	16.25	16.50
250- 269.99	10.50	17.00	17.50	17.75	18.00
270- 289.99	1/	18.50	19.00	19.25	19.50
290- 309.99		19.00	20.50	20.75	21.00
310- 329.99		19.00	22.00	22.25	22.50
330- 359.99		19.00	23.50	23.75	24.00
360- 389.99		1/	25.75	26.00	26.25
390- 419.99			28.00	28.25	28.50
420- 449.99			30.00	30.50	30.75
450- 479.99			30.00	32.75	33.00
480- 509.99			1/	35.00	35.25
510- 539.99				37.25	37.50
540- 569.99				37.50	39.75
570- 599.99				37.50	42.00
600- 629.99				1/	44.25
630- 659.99					44.50
660- 689.99					44.50 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Adjusted Monthly Net Income	262	344	460	580	687	827	913	1047	1180	1313	1446	1579	1712	1845	1978

Household Size	16	17	18	19	20
Adjusted Monthly Net Income	2111	2244	2377	2510	2643

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31918-750 3-75 26M Δ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	6	7	8	9	10
Coupon Allotment	$62	$69	$79	$89	$99
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	2.75	3.00	3.00	3.00	3.00
60- 69.99	3.50	3.75	4.00	4.00	4.00
70- 79.99	4.25	4.50	4.75	4.75	4.75
80- 89.99	5.25	5.25	5.50	5.50	5.50
90- 99.99	6.00	6.25	6.50	6.50	6.50
100- 109.99	6.75	7.00	7.25	7.25	7.25
110- 119.99	7.75	8.00	8.25	8.25	8.25
120- 129.99	8.50	8.75	9.00	9.00	9.00
130- 139.99	9.25	9.50	9.75	9.75	9.75
140- 149.99	10.00	10.25	10.50	10.50	10.50
150- 169.99	10.75	11.00	11.25	11.25	11.25
170- 189.99	12.25	12.50	12.75	12.75	12.75
190- 209.99	13.75	14.00	14.25	14.25	14.25
210- 229.99	15.25	15.50	15.75	15.75	15.75
230- 249.99	16.75	17.00	17.25	17.25	17.25
250- 269.99	18.25	18.50	18.75	18.75	18.75
270- 289.99	19.75	20.00	20.25	20.25	20.25
290- 309.99	21.25	21.50	21.75	21.75	21.75
310- 329.99	22.75	23.00	23.25	23.25	23.25
330- 359.99	24.25	24.50	24.75	24.75	24.75
360- 389.99	26.50	26.75	27.00	27.00	27.00
390- 419.99	28.75	29.00	29.25	29.25	29.25
420- 449.99	31.00	31.25	31.50	31.50	31.50
450- 479.99	33.25	33.50	33.75	33.75	33.75
480- 509.99	35.50	35.75	36.00	36.00	36.00
510- 539.99	37.75	38.00	38.25	38.25	38.25
540- 569.99	40.00	40.25	40.50	40.50	40.50
570- 599.99	42.25	42.50	42.75	42.75	42.75
600- 629.99	44.50	44.75	45.00	45.00	45.00
630- 659.99	46.75	47.00	47.25	47.25	47.25
660- 689.99	49.00	49.25	49.50	49.50	49.50
690- 719.99	51.25	51.50	51.75	51.75	51.75
720- 749.99	53.50	53.75	54.00	54.00	54.00
750- 779.99	54.00	56.00	56.25	56.25	56.25
780- 809.99	54.00	58.25	58.50	58.50	58.50
810- 839.99	54.00	59.50	60.75	60.75	60.75
840- 869.99	1/	59.50	63.00	63.00	63.00
870- 899.99		59.50	65.25	65.25	65.25
900- 929.99		59.50	67.50	67.50	67.50
930- 959.99		1/	68.50	69.75	69.75
960- 989.99			68.50	72.00	72.00
990-1019.99			68.50	74.25	74.25
1020-1049.99			68.50	76.50	76.50
1050-1079.99			1/	77.50	78.75
1080-1109.99				77.50	81.00
1110-1139.99				77.50	83.25
1140-1169.99				77.50	85.50
1170-1199.99				77.50	86.50
1200-1229.99				1/	86.50
1230-1259.99					86.50
1260-1289.99					86.50
1290-1319.99					86.50 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	$109	$119	$129	$139	$149
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	3.00	3.00	3.00	3.00	3.00
60- 69.99	4.00	4.00	4.00	4.00	4.00
70- 79.99	4.75	4.75	4.75	4.75	4.75
80- 89.99	5.50	5.50	5.50	5.50	5.50
90- 99.99	6.50	6.50	6.50	6.50	6.50
100- 109.99	7.25	7.25	7.25	7.25	7.25
110- 119.99	8.25	8.25	8.25	8.25	8.25
120- 129.99	9.00	9.00	9.00	9.00	9.00
130- 139.99	9.75	9.75	9.75	9.75	9.75
140- 149.99	10.50	10.50	10.50	10.50	10.50
150- 169.99	11.25	11.25	11.25	11.25	11.25
170- 189.99	12.75	12.75	12.75	12.75	12.75
190- 209.99	14.25	14.25	14.25	14.25	14.25
210- 229.99	15.75	15.75	15.75	15.75	15.75
230- 249.99	17.25	17.25	17.25	17.25	17.25
250- 269.99	18.75	18.75	18.75	18.75	18.75
270- 289.99	20.25	20.25	20.25	20.25	20.25
290- 309.99	21.75	21.75	21.75	21.75	21.75
310- 329.99	23.25	23.25	23.25	23.25	23.25
330- 359.99	24.75	24.75	24.75	24.75	24.75
360- 389.99	27.00	27.00	27.00	27.00	27.00
390- 419.99	29.25	29.25	29.25	29.25	29.25
420- 449.99	31.50	31.50	31.50	31.50	31.50
450- 479.99	33.75	33.75	33.75	33.75	33.75
480- 509.99	36.00	36.00	36.00	36.00	36.00
510- 539.99	38.25	38.25	38.25	38.25	38.25
540- 569.99	40.50	40.50	40.50	40.50	40.50
570- 599.99	42.75	42.75	42.75	42.75	42.75
600- 629.99	45.00	45.00	45.00	45.00	45.00
630- 659.99	47.25	47.25	47.25	47.25	47.25
660- 689.99	49.50	49.50	49.50	49.50	49.50
690- 719.99	51.75	51.75	51.75	51.75	51.75
720- 749.99	54.00	54.00	54.00	54.00	54.00
750- 779.99	56.25	56.25	56.25	56.25	56.25
780- 809.99	58.50	58.50	58.50	58.50	58.50
810- 839.99	60.75	60.75	60.75	60.75	60.75
840- 869.99	63.00	63.00	63.00	63.00	63.00
870- 899.99	65.25	65.25	65.25	65.25	65.25
900- 929.99	67.50	67.50	67.50	67.50	67.50
930- 959.99	69.75	69.75	69.75	69.75	69.75
960- 989.99	72.00	72.00	72.00	72.00	72.00
990-1019.99	74.25	74.25	74.25	74.25	74.25
1020-1049.99	76.50	76.50	76.50	76.50	76.50
1050-1079.99	78.75	78.75	78.75	78.75	78.75

DO NOT WRITE IN THIS SPACE

31918-780 3-75 26M △ CSP

63-3840 TABLES OF COUPON ISSUANCE (Continued)

63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$109	$119	$129	$139	$149
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
1080-1109.99	$81.00	$81.00	$ 81.00	$ 81.00	$ 81.00
1110-1139.99	83.25	83.25	83.25	83.25	83.25
1140-1169.99	85.50	85.50	85.50	85.50	85.50
1170-1199.99	87.75	87.75	87.75	87.75	87.75
1200-1229.99	90.00	90.00	90.00	90.00	90.00
1230-1259.99	92.25	92.25	92.25	92.25	92.25
1260-1289.99	94.50	94.50	94.50	94.50	94.50
1290-1319.99	95.50	96.75	96.75	96.75	96.75
1320-1349.99	95.50	99.00	99.00	99.00	99.00
1350-1379.99	95.50	101.25	101.25	101.25	101.25
1380-1409.99	95.50	103.50	103.50	103.50	103.50
1410-1439.99	95.50	104.50	105.75	105.75	105.75
1440-1469.99	95.50	104.50	108.00	108.00	108.00
1470-1499.99	1/	104.50	110.25	110.25	110.25
1500-1529.99		104.50	112.50	112.50	112.50
1530-1559.99		104.50	113.50	114.75	114.75
1560-1589.99		104.50	113.50	117.00	117.00
1590-1619.99		1/	113.50	119.25	119.25
1620-1649.99			113.50	121.50	121.50
1650-1679.99			113.50	122.50	123.75
1680-1709.99			113.50	122.50	126.00
1710-1739.99			113.50	122.50	128.25
1740-1769.99			1/	122.50	130.50
1770-1799.99				122.50	131.50
1800-1829.99				122.50	131.50
1830-1859.99				122.50	131.50
1860-1889.99				1/	131.50
1890-1919.99					131.50
1920-1949.99					131.50
1950-1979.99					131.50
					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	$159	$169	$179	$189	$199
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0- 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	3.00	3.00	3.00	3.00	3.00
60- 69.99	4.00	4.00	4.00	4.00	4.00
70- 79.99	4.75	4.75	4.75	4.75	4.75
80- 89.99	5.50	5.50	5.50	5.50	5.50
90- 99.99	6.50	6.50	6.50	6.50	6.50
100- 109.99	7.25	7.25	7.25	7.25	7.25
110- 119.99	8.25	8.25	8.25	8.25	8.25
120- 129.99	9.00	9.00	9.00	9.00	9.00
130- 139.99	9.75	9.75	9.75	9.75	9.75
140- 149.99	10.50	10.50	10.50	10.50	10.50
150- 169.99	11.25	11.25	11.25	11.25	11.25
170- 189.99	12.75	12.75	12.75	12.75	12.75
190- 209.99	14.25	14.25	14.25	14.25	14.25
210- 229.99	15.75	15.75	15.75	15.75	15.75
230- 249.99	17.25	17.25	17.25	17.25	17.25
250- 269.99	18.75	18.75	18.75	18.75	18.75
270- 289.99	20.25	20.25	20.25	20.25	20.25
290- 309.99	21.75	21.75	21.75	21.75	21.75
310- 329.99	23.25	23.25	23.25	23.25	23.25
330- 359.99	24.75	24.75	24.75	24.75	24.75
360- 389.99	27.00	27.00	27.00	27.00	27.00
390- 419.99	29.25	29.25	29.25	29.25	29.25
420- 449.99	31.50	31.50	31.50	31.50	31.50
450- 479.99	33.75	33.75	33.75	33.75	33.75
480- 509.99	36.00	36.00	36.00	36.00	36.00
510- 539.99	38.25	38.25	38.25	38.25	38.25
540- 569.99	40.50	40.50	40.50	40.50	40.50
570- 599.99	42.75	42.75	42.75	42.75	42.75
600- 629.99	45.00	45.00	45.00	45.00	45.00
630- 659.99	47.25	47.25	47.25	47.25	47.25
660- 689.99	49.50	49.50	49.50	49.50	49.50
690- 719.99	51.75	51.75	51.75	51.75	51.75
720- 749.99	54.00	54.00	54.00	54.00	54.00
750- 779.99	56.25	56.25	56.25	56.25	56.25
780- 809.99	58.50	58.50	58.50	58.50	58.50
810- 839.99	60.75	60.75	60.75	60.75	60.75
840- 869.99	63.00	63.00	63.00	63.00	63.00
870- 899.99	65.25	65.25	65.25	65.25	65.25
900- 929.99	67.50	67.50	67.50	67.50	67.50
930- 959.99	69.75	69.75	69.75	69.75	69.75
960- 989.99	72.00	72.00	72.00	72.00	72.00
990-1019.99	74.25	74.25	74.25	74.25	74.25
1020-1049.99	76.50	76.50	76.50	76.50	76.50
1050-1079.99	78.75	78.75	78.75	78.75	78.75

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1977
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$159	$169	$179	$189	$199
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
1080-1109.99	$81.00	$81.00	$81.00	$81.00	$81.00
1110-1139.99	83.25	83.25	83.25	83.25	83.25
1140-1169.99	85.50	85.50	85.50	85.50	85.50
1170-1199.99	87.75	87.75	87.75	87.75	87.75
1200-1229.99	90.00	90.00	90.00	90.00	90.00
1230-1259.99	92.25	92.25	92.25	92.25	92.25
1260-1289.99	94.50	94.50	94.50	94.50	94.50
1290-1319.99	96.75	96.75	96.75	96.75	96.75
1320-1349.99	99.00	99.00	99.00	99.00	99.00
1350-1379.99	101.25	101.25	101.25	101.25	101.25
1380-1409.99	103.50	103.50	103.50	103.50	103.50
1410-1439.99	105.75	105.75	105.75	105.75	105.75
1440-1469.99	108.00	108.00	108.00	108.00	108.00
1470-1499.99	110.25	110.25	110.25	110.25	110.25
1500-1529.99	112.50	112.50	112.50	112.50	112.50
1530-1559.99	114.75	114.75	114.75	114.75	114.75
1560-1589.99	117.00	117.00	117.00	117.00	117.00
1590-1619.99	119.25	119.25	119.25	119.25	119.25
1620-1649.99	121.50	121.50	121.50	121.50	121.50
1650-1679.99	123.75	123.75	123.75	123.75	123.75
1680-1709.99	126.00	126.00	126.00	126.00	126.00
1710-1739.99	128.25	128.25	128.25	128.25	128.25
1740-1769.99	130.50	130.50	130.50	130.50	130.50
1770-1799.99	132.75	132.75	132.75	132.75	132.75
1800-1829.99	135.00	135.00	135.00	135.00	135.00
1830-1859.99	137.25	137.25	137.25	137.25	137.25
1860-1889.99	139.50	139.50	139.50	139.50	139.50
1890-1919.99	140.50	141.75	141.75	141.75	141.75
1920-1949.99	140.50	144.00	144.00	144.00	144.00
1950-1979.99	140.50	146.25	146.25	146.25	146.25
1980-2009.99	140.50	148.50	148.50	148.50	148.50
2010-2039.99	140.50	149.50	150.75	150.75	150.75
2040-2069.99	140.50	149.50	153.00	153.00	153.00
2070-2099.99	140.50	149.50	155.25	155.25	155.25
2100-2129.99	140.50	149.50	157.50	157.50	157.50
2130-2159.99	1/	149.50	158.50	159.75	159.75
2160-2189.99		149.50	158.50	162.00	162.00
2190-2219.99		149.50	158.50	164.25	164.25
2220-2249.99		149.50	158.50	166.50	166.50
2250-2279.99		1/	158.50	167.50	168.75
2280-2309.99			158.50	167.50	171.00
2310-2339.99			158.50	167.50	173.25
2340-2369.99			158.50	167.50	175.50
2370-2399.99			158.50	167.50	176.50
2400-2429.99			1/	167.50	176.50
2430-2459.99				167.50	176.50
2460-2489.99				167.50	176.50
2490-2519.99				167.50	176.50
				1/	1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

STD. 400A (8-71)

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

State of California
Health and Welfare Agency

Department of Benefit Payments
January 1, 1978
Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$159	$169	$179	$189	$199
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
2520-2549.99					176.50
2550-2579.99					176.50
2580-2609.99					176.50
2610-2639.99					176.50
2640-2669.99					176.50 1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

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63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

.2 For Issuance to Households of More Than 20 Persons Use the Following Formula:

.21 Value of the Total Allotment

For each person in excess of 20, add $40 to the monthly coupon allotment and $20 to the semimonthly allotment for a 20-person household. For all three-quarter and one-quarter monthly allotments of uneven dollar amounts, round up to the next higher whole dollar amount with no change in purchase requirements for such allotments.

.22 Purchase Requirement

.221 Use the purchase requirement shown for the 20-person household for households with incomes of $2369.99 or less per month.

.222 For households with monthly incomes of $2370 or more, use the following formula:

For each $30 worth of monthly income (or portion thereof) over $2369.99 add $9 to the monthly purchase requirement for a 20-person household with an income of $2369.99 (or $6.75 to the three-quarter monthly, purchase requirement, $4.50 to the semi-monthly purchase requirement, and $2.25 to the quarter-monthly purchase requirement).

.223 To obtain the maximum purchase requirement for households of more than 20 persons, add to the maximum purchase requirement shown for a 20-person household, $36 monthly; $27.00 three-quarter monthly; $18 semimonthly; and $9 quarterly for each person over 20.

DO NOT WRITE IN THIS SPACE

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63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

.3 Maximum Allowable Adjusted Monthly Net Income for NA Households

For each person in excess of 20, add $133 to the maximum allowable adjusted monthly net income shown for a 20-person household.

CHAPTER 63-3900 METHODS OF DEPOSITING 63-3900

63-3910 RESPONSIBILITIES 63-3910

Counties are responsible for the timely deposit of all food coupon sales receipts (over-the-counter, mail, and PAW) by their issuance office(s) and/or contracted issuance agents, for ensuring that food coupon sale receipts for deposit are not mixed or commingled in any manner with the county funds or those of a contracted issuance agent, and for payment to FNS of any claims arising out of any failure of a contracted issuance agent to carry out its delegated responsiblities. Bank and nonbank issuance agents are to be instructed by counties to remit proceeds in accordance with the following sections.

63-3920 BANK ISSUANCE AGENTS 63-3920

.1 Member banks of the Federal Reserve Bank must elect one of the following procedures for remitting receipts to the Federal Reserve Bank:

.11 Authorize the Federal Reserve Bank to debit their account for the amount of the deposit; or

.12 Send a bank draft drawn on the Federal Reserve Bank made payable to the Treasurer of the United States; or

.13 Send a cashier's check payable to the Federal Reserve Bank.

63-3920 BANK ISSUANCE AGENTS (Continued) 63-3920

.2 Nonmember banks shall elect one of the following procedures for remitting receipts to the Federal Reserve Bank:

.21 Send a cashier's check made payable to the Treasurer of the United States; or

.22 Send a bank draft made payable to the Treasurer of the United States; or

.23 Send a bank money order made payable to the Treasurer of the United States.

.3 Instructions for Both Member and Nonmember Banks

.31 Prepare a Food Coupon Remittance Card, Form FNS-282, when depositing receipts to the Federal Reserve Bank from the sale of food coupon books. These forms are serially-numbered and, when possible, shall be used in serial number order.

Instructions on preparing this form can be found in Section 63-9518. Only one FNS 282 is to be used for a deposit, and one deposit made per FNS 282.

.32 Record deposit on Form FNS-250 in serial number sequence.

.33 Maintain a remittance register, Form DFA 295, that accounts for each Form FNS-282, including any forms that are voided and not used.

.34 Send Form FNS-282 to the Federal Reserve Bank (Los Angeles or San Francisco) with the selected negotiable instrument.

63-3930 NONBANK ISSUANCE AGENTS (THIS INCLUDES SELF-ISSUANCE COUNTIES) 63-3930

63-3931 NONBANK ISSUANCE AGENTS - GENERAL PROCEDURE 63-3931

The county shall instruct nonbank issuance agents to deposit their food coupon receipts (cashier's checks, , bank drafts, or other negotiable instruments received in individual amounts of less than $1,000) in the following manner:

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63-3931 NONBANK ISSUANCE AGENTS - GENERAL PROCEDURE (Continued) 63-3931

.1 The issuance agent must select one of the following methods:

.11 Convert the collections to a cashier's check and endorse all checks and money orders as follows:

"Pay to the order of (Name and Location of Local Bank) in exchange for a draft drawn payable to the Treasurer of the United States. This negotiable instrument is in payment of an obligation of the United States and must be paid at par. N.P. Do not wire nonpayment.

(Food and Nutrition Service - USDA)"

.12 Convert the collections to a bank or U.S. Postal Money Order made payable to the Treasurer of the United States. (In most cases only cash receipts will be accepted by the Post Office for conversion to a money order.)

.13 Convert the collections to a check issued by the county administering the program and made payable to the Treasurer of the United States. This method can only be used for depositing PAW monies (see Section 63-3940) in those counties using contracted issuance agents. Self-issuance counties may also use this method for over-the-counter and PAW receipts.

.2 Prepare a Food Coupon Remittance Card, Form FNS-282 (see Manual Sections 63-9518 and 63-3920.31 for instructions).

.3 Endorse cashier's check, bank or U.S. Postal Money Order, or check issued by the county as in .11 above.

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63-3931 NONBANK ISSUANCE AGENCT - GENERAL PROCEDURE (Continued) 63-3931

.4 Record the deposit on Form FNS-250, Food Coupon Accountability Report, and on Form DFA 295, Food Coupon Remittance Register. When possible, deposits shall be recorded in serial number sequence.

.5 Send Form FNS-282 with negotiable instrument to the appropriate Federal Reserve Bank (San Francisco or Los Angeles).

63-3932 DEPOSITING NEGOTIABLE INSTRUMENTS IN AMOUNTS OF $1,000 OR MORE 63-3932

Cashier's checks, bank drafts, or other negotiable instruments received in amounts of $1,000 or more will not be converted but will be endorsed in favor of the Federal Reserve Bank for credit to the Treasurer of the United States. Such negotiable paper shall not include checks drawn on an issuance agent's account unless such checks are drawn on an account of the county. A single deposit, transmitted on a single Form FNS-282, will be made to include the draft representing cash and smaller checks, combined with unconverted ($1,000 or over each) negotiable instruments, if any.

63-3940 DEPOSITING FUNDS FROM PAW ISSUANCE 63-3940

The county which issues the reduced public assistance payments shall deposit a check in the appropriate Federal Reserve Bank covering the purchase requirements withheld. The check shall be made payable to Treasurer of the United States, properly endorsed, per Manual Section 63-3931, and accompanied by a Food Coupon Remittance Form FNS-282.

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63-3950 MAINTENANCE OF A REMITTANCE REGISTER 63-3950

.1 Each issuance agent will maintain a remittance register, Form DFA 295, that records the deposits of food coupon receipts each month. See Section 63-9430.3 for instructions for completing the DFA 295.

.2 The deposits made and recorded on each remittance register shall reflect the deposits reported on Form FNS-250, Food Coupon Accountability Report, for the same period.

.3 Each remittance register shall be retained by each issuance agent and/or the county for a period of not less than three calendar years from the month to which it pertains.

63-3960 FREQUENCY OF DEPOSITS 63-3960

63-3961 DEPOSIT OF DIRECT MAIL AND OVER-THE-COUNTER AND GA PAW RECEIPTS 63-3961

Counties are fully responsible and liable for all food coupon collections until they have been deposited in a Federal Reserve Bank, and shall require all issuance agents to deposit direct mail, over-the-counter, and GA PAW in accordance with the following requirements as to amount and frequency:

.1 Deposits must be made at least weekly and on the last issuance day of each month, regardless of the amount to be deposited.

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.2 For daily collections of $1,000 and over, a deposit must be made within 24 hours.

.3 For daily collections of less than $1,000, counties have the option of:

.31 Requiring daily deposits.

.32 Permitting the accumulation of collections up to $1,000 before making deposits, provided deposits are made not less frequently than weekly.

.4 Mail issuance purchase requirements accepted after the end of the month (see Section 63-3554) must be deposited by the fifth of the following month. However, if a mail request is not received until late in the day on the fifth day of the following month, the deposit may not be able to be accomplished until the next banking day Deposits of this type must be recorded on the FNS 250 for the authorized month of issuance. (Note: Daily collections of $1,000 and over must still be deposited within 24 hours.)

.5 County vouchers or other receivables must be converted to cash and deposited within the following time limits:

.51 By the end of the month, if received during the first through the 15th of the month.

.52 By the 15th of the following month, if received during the 16th through the end of the month.

.6 Exception: The United States Postal Service, when operating as a Food Stamp Issuance agent, will make deposits twice each month.

.7 County contracts with issuing agents shall provide that agents promptly deposit funds derived from food coupon sales to prevent unjust enrichment through interest on bank deposits. Counties must prohibit this practice via their contracts with agents.

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63-3962 DEPOSIT OF PAW RECEIPTS (Excluding GA PAW) 63-3962

PAW funds must be deposited monthly,at the end of the month or at least by the tenth of the following month. Deposits must be recorded on the FNS-250 for the month of issuance (see Section 63-3980.4).

63-3970 FOOD COUPON REMITTANCE FORM (FNS-282) 63-3970

63-3971 RECORD OF DEPOSITS 63-3971

Since Form FNS-282 is a single card form that does not provide a receipt or record copy to be retained, issuance agents should secure a bank counter receipt when making deposits. This receipt will be the official record of deposit.

63-3972 SUPPLY OF FNS-282 CARDS 63-3972

Preinscribed and prepunched FNS-282s will be sent to the issuance agents semiannually. Upon receipt, the preinscribed nine-digit code number and depositor's name and address must be verified. Additional supplies of FNS-282s may be obtained by contacting FSPM-DBP.

63-3973 USE OF ERRONEOUS FNS 282 CARDS 63-3973

When erroneous FNS-282s are received, the issuance agents shall:

.1 Strike the incorrect information printed on the first FNS-282, and write in the correct nine-digit code number and/or the correct name and address.

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63-3973 USE OF ERRONEOUS FNS 282 CARDS (Continued) 63-3973

.2 Submit this first corrected card to FNS, Western Region Office, by itself.

.3 Correct the remaining FNS-282s which are to be used when sending deposits of food coupon receipts to the appropriate Federal Reserve Bank until a new supply is received.

.4 Destroy all erroneous FNS-282s upon receipt of correct FNS-282 forms.

63-3974 USE OF BLANK FNS-282 CARDS 63-3974

When an issuance agent's supply of FNS-282s has been exhausted, or when a new issuance agent has not received FNS-282s, the county shall supply such agents with blank cards for emergency use. Counties can obtain a supply of blank cards from FSPM-DBP. Issuance agents will enter their nine-digit project code number and their name and address in the appropriate spaces on the face of the blank cards. These cards will then be used for depositing until a supply of printed cards is received from FNS.

63-3980 DEPOSIT SUMMARY ON FNS-250 REPORTS 63-3980

.1 Deposits listed on Form FNS-250 reports must be only those which have actually been made to the Federal Reserve Bank. Deposits to the issuance agent's private and/or specially-designated local bank accounts do not meet the appropriate requirements.

.2 In addition, it should be carefully noted that deposits reported by any agent must be limited to such monies as are actually received for the month being reported.

31918-750 3-75 25M △ OSP

63-3980 DEPOSIT SUMMARY ON FNS-250 REPORTS (Continued) 63-3980

.3 Counties shall arrange with their contracted agents either to receive and transmit or review periodically photocopies of the FNS-282s which are used to record deposits to the Federal Reserve System. Corrected Form FNS-250 reports should be demanded of any agent reporting deposits that are not made to the Federal Reserve Bank.

.4 The AFDC-PAW deposit must be identified and listed separately on the FNS-250 report.

63-3990 LOST, DESTROYED, OR MUTILATED NEGOTIABLE INSTRUMENTS 63-3990

Normally, a duplicate draft is needed when a bank draft or cashier's check which has been deposited to FNS for credit is lost, destroyed, or mutilated. The depositor must make an effort to secure a duplicate draft or cashier's check from the bank on which the original instrument was drawn.

However, banks will not ordinarily issue a duplicate draft or cashier's check unless given an Agreement of Indemnity from the Treasury. This Agreement ensures the bank against any loss should the original instrument be cashed.

The following procedures should be used to secure an Agreement of Indemnity for the bank issuing the original instrument. (Note: The depositor can also be the issuing bank).

.1 Determine that an immediate replacement of the check(s) is not possible. A 30-day waiting period from the date of the check is required before further action is taken.

.2 After the 30-day waiting period, write to the Director, Finance and Program Accounting Division, requesting an agreement of indemnity. Include in the request:

63-3990 LOST, DESTROYED, OR MUTILATED NEGOTIABLE INSTRUMENTS (Continued) 63-3990

.2 continued

a A statement that the check(s) was issued and lost.

b A complete description of the check(s), including the date of the original draft, the amount of the original draft, the payee of the draft (i.e., FNS), the name and address of the bank issuing the draft, and the serial number of Form FNS-282, Food Coupon Remittance, which transmitted the draft.

c A statement that an attempt was made to secure a duplicate check from the local bank without success.

.3 Send the information required in .2 above, to:

Director
Finance and Program Accounting Division, FNS
U.S. Department of Agriculture
Room 230, AUD-W
Washington, DC 202250

.4 Upon receipt of a copy of the agreement of indemnity, request the issuance agent to reissue Form FNS-282, noting that it is covered by an indemnity agreement.

.5 Obtain a new bank draft, money order, etc., under the terms of the agreement of indemnity from the bank which issued the original draft.

.6 Send the reissued Form FNS-282 and the reissued bank draft to the Director, Finance and Program Accounting Division, at the address shown in .3, above.

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63-4220 COUPON BOOKS RETURNED FOR REFUND (Continued) 63-4220

.2 In cases where PAW participants, including GA PAW participants, return a complete coupon issuance (monthly allotment) for a refund, counties must make a direct refund to the claimant from their food stamp sale collections or from county funds, completing and submitting to FNS, Form DFA 304 (Report Record of PAW Return/Refund). See Section 63-4230 for detailed information on PAW refunding.

63-4230 PAW (INCLUDING GA PAW) REFUNDS TO RECIPIENTS 63-4230

63-4231 RETURN/REFUND REQUIREMENTS 63-4231

.1 Provisions must be made to allow any PAW (including GA PAW) participant to return his/her coupon allotment and receive immediate (on date of coupon return) payment of the withheld purchase requirement, provided that the allotment returned represents at least one complete issuance. At least one location must be provided in each county where PAW participants may return their coupon allotment for a refund.

.2 The PAW participant may return either a full or partial issuance. Refunds for a full issuance must be made immediately by the county in accordance with Section 63-4232. Refunds for issuances that have been partially used should be made by the county as provided in Section 63-4223; however, refunds may be requested from FNS in accordance with Section 63-4224.

.3 Refunds to households whose purchase requirement was withheld from more than one grant shall be authorized by the head of the household and payment shall be made to each person from whose grant a portion of the purchase requirement was deducted. The refund shall be equal to his/her portion of the withheld purchase requirement.

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CHAPTER 63-5000 ACCOUNTABILITY 63-5000

63-5100 DEFINITIONS 63-5100

.1 Reporting Point

A reporting point is an office which prepares and submits to FNS a Form FNS-250 or FNS-250.1.

.2 Issuing Point

An issuing point is a location operated by an issuance agent which issues food coupons for sale to recipients.

.3 Storage Point

A storage point is a location where an issuing agent keeps or stores coupons.

.4 Bulk Storage Point

A bulk storage point is a location which receives and stores food coupons from FNS for two or more agents and transfers them to issuance agents. It must report coupon inventories on Form FNS-250.1. Food coupons are not issued to recipients from bulk storage points.

.5 Project Area

A project area is a county which has been approved for participation in the Food Stamp Program.

.6 Shipping Point

A shipping point is a place which receives shipment of food coupons from FNS.

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.7 Shipping Code

The shipping code is a twelve (12) digit code number assigned to each shipping point. (Note that a twelve-digit shipping point code may be assigned to bulk storage, project areas, or issuing points that serve as places where shipment of food coupons from FNS are received.)

.8 Project Code

The project code is the nine-digit code number assigned to each county regardless of whether it issues coupons or not.

.9 Reporting Code

The reporting point code is the nine-digit code assigned to each reporting point. In counties in which the CWD itself issues coupons, the project code and the CWD reporting point code will be the same. CWDs not currently issuing but which wish to begin doing so must ensure that their project code is activated as a reporting point before they begin issuance.

.10 Variable Purchase

Variable purchase is the option given to all food stamp households (except as outlined in Section 63-3414) to elect, at the time of issuance, to purchase less than their full coupon allotment. (Also see Section 63-3420 and 63-3640).

.11 Security and Control Check Lists

Recommended for use by county agencies when reviewing all HIR or ATP systems to determine whether procedures, controls, and security measures outlines in Chapter 63-3000 and 63-5000 are being observed. (See Section 63-9600, Exhibits D and E.)

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63-5100 DEFINITIONS (Continued) 63-5100

.12 Voucher

A public agency purchase order which is used to pay the purchase requirement for certain recipients. (See Section 63-3961.5; also see the FNS-250 form for a reference to redeemed and unredeemed vouchers.)

CHAPTER 63-5200 LIABILITIES OF COUNTIES 63-5200

63-5210 ATP AND CASHIER ERRORS 63-5210

Counties will be held liable for the bonus value of all ATP cards stolen or embezzled from, or lost by, the county and subsequently used to purchase food coupons. In addition, counties are also liable for cashier errors made by issuing offices (see Section 63-4533).

63-5220 COUPONS AND CASH 63-5220

Counties will be held liable for the face amount of food coupons or of the funds collected in payment of the purchase requirement whether or not such coupons or funds are determined to be lost as a result of (but not limited to) theft, embezzlements or unexplained causes. Coupons which cannot be accounted for or which are determined to be "lost" will be presumed to have been redeemed in the customary channels of redemption unless it is satisfactorily established by the county that the lost coupons were discovered or destroyed prior to their presentation for redemption.

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DO NOT WRITE IN THIS SPACE

63-5230 LIABILITY CHECKLIST 63-5230

63-5231 COUPONS 63-5231

.1 Lost, stolen, embezzled coupons and unexplained shortages - see Section 63-5220.

.2 Coupons received as repayment for program losses - see Section 63-4660.2.

.3 Coupons in possession of issuance agent - see Section 63-3260.

.4 Coupons issued through the mail - see Section 63-3559.

.5 Coupons issued under Mechanical Disaster regulations - see Section 63-7500.

63-5232 ATPs 63-5232

.1 Lost, stolen, embezzled ATPs - see Section 63-5210.

63-5233 CASH 63-5233

.1 Lost, stolen, embezzled - see Section 63-5220.

.2 Cash received as repayment for program losses - see Section 63-4660.2.

.3 Cash received by issuance agents - see Section 63-5220 and 63-3900.

.4 Cashier errors - see Section 63-5210.

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CHAPTER 63-5300 HOW TO ORDER BULK SUPPLIES OF FOOD STAMPS 63-5300

63-5310 PREREQUISITES TO ORDERING 63-5310

Before an order for bulk supplies is placed, the following requirements must have been met:

.1 The county welfare department shall have filed five copies of the appropriate Form DFA 298.2 (and revised DFA 298 if necessary), Information Statement, with original signature, with FSPM-DBP. (See Section 63-9432).

.2 County contracts or agreements with issuing agents, which include changes from the sample contract, must have been approved in accordance with Section 63-3232.

63-5320 COUPON BOOKS 63-5320

Coupon books are available in the following types and denominations:

TYPE A - $2 (two $1 coupons).

TYPE B - $7 (one $5 coupon, and two $1 coupons).

TYPE C - $40 (two $10 coupons,three $5 coupons, and five $1 coupons).

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63-5320 COUPON BOOKS (Continued) 63-5320

TYPE D - $50 (three $10 coupons, three $5 coupons, and five $1 coupons).

TYPE E - $65 (four $10 coupons, four $5 coupons, and five $1 coupons).

Coupon Colors are:

$1 coupon - Brown

$5 coupon - Purple

$10 coupon - Blue-green

The coupon book covers are manila tagboard, but each book is printed in a different color ink.

The coupon book colors are:

$2 book - Green

$7 book - Purple

$40 book - Brownish Gold

$50 book - Blue

$65 book - Reddish Brown

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65-5321 ADDITIONAL COUPON BOOK DATA 63-5321

Coupons are normally ordered in full size cartons. However, small counties with low usage rates may order in half-size cartons. The following two tables give additional facts on full and half-size cartons:

BOOKS
HALF-SIZE CARTONS

	$2	$7	$40	$50	$65
Carton Weight (estimated lbs.)	12	14	11	12	10
Carton Value	$2,000	$7,000	$16,000	$20,000	$19,500
Carton Dimensions (inches)	7 6-5/8	9 6-5/8	13-1/2 6-5/8	14-1/4 6-5/8	12 6-5/8
(inches) H	11-1/2	11-1/2	6	6	6
Volume					
Boxes per Carton	4	4	2	2	2
Books per Box	250	250	200	200	150
Books per Carton	1,000	1,000	400	400	300

BOOKS

FULL-SIZE CARTONS

	$2	$7	$40	$50	$65
Carton Weight (estimated lbs.)	26	28	22	24	21
Carton Value	$4,000	$14,000	$32,000	$40,000	$39,000
Carton Dimensions	13	13	13-1/2	14-1/4	13
W	7	9	13	13	12
(inches) H	11-1/2	11-1/2	6	6	6
Volume (Boxes per Carton)	8	8	4	4	4
Books per Box	250	250	200	200	150
Books per Carton	2,000	2,000	800	800	600

DO NOT WRITE IN THIS SPACE

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63-5330 COUPON ORDERING 63-5330

The initial order is by letter or on requisition form (FNS-260) furnished by FNS (see Section 63-9517). Up to eight weeks are needed for armored car delivery. The initial order should be for an estimated six-month supply.

The ordering agency must indicate the type of books, number of books, and resultant number of cartons desired. In addition, it should be clearly indicated in the "Remarks" section whether there will be any holidays over the two month period following the requisition date on which shipping points will be closed and armored car deliveries will not be accepted. Contract issuance agents will complete the form, but the first five (5) parts (original plus 4 copies) must be forwarded to the county for approval; the agent retains copy 5. After the county approves the required requisition, it forwards the original and the remaining three copies of the FNS-260 to FNS in San Francisco and retains copy 4 (DBP copy). This county responsibility is cited in Section 63-1008.6.

63-5340 REORDERING AND COUPON INVENTORY 63-5340

Counties should maintain a three to six months' supply of coupons on hand. Therefore, to prevent shortages when a three-month inventory, or less, is reached, counties (or their agents) should requisition another six months' supply. In keeping with FNS's system of monthly cycling of coupon requisitions, agents must prepare and transmit their requisitions to the FNS regional office to be received during the week of the third Monday of the month. Requisitions received by FNS earlier in the month will not be processed until the week of the third Monday of the month. The coupon supply should be received via armored car approximately six weeks from the cycling date. Exception: counties placing orders of ten cartons or less may receive deliveries via mail.

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Agents and/or counties must ensure that inventories are appropriate by maintaining a perpetual inventory of monthly issuance, inventory on hand, and inventory on order. This county responsibility for inventory control is cited in Section 63-1007.1.

The primary method for ordering coupons will be by determining the average coupon book use in the previous three months (see Section 63-9577). However to minimize shortages in coupon inventories, it is strongly recommended that large counties develop and maintain data on the number of transacted ATP cards (by variable purchase options selected and by household size) to assist them in determining future usage. This data is especially useful for high volume counties and will provide for accurate reordering when the semiannual coupon allotments change occurs because of the FNS requirement of mandatory adherence to the mix-of-books table (see Section 63-9600, Exhibit A). The county should use this method to predict the Estimated Average Monthly Issuance, Item 7(A) on the Requisition for Food Coupon Books (FNS-260), when pending coupon allotment changes invalidate prior usage data.

To create a data table for predicting future usage the county should analyze the redemption pattern of participating food stamp households. This analysis will indicate the variable purchase options selected by household size and can be used to determine the types and numbers of books required under the mandatory Mix of Books Table.

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EXAMPLE

A county issues two ATPs per month to certified households. It also issues PAW. The county must first determine, based on the most recent month's activity, the frequency that each variable purchase option was selected by household size (for example, that all one-person households selected the half option twice during the month.) In order to compute the number of each denomination of books which will be needed under the new coupon allotment tables, the county must compute the number and type of books used for each variable purchase option for each household size under the new coupon allotment tables.

For example, using the data in Table 1, the Coupon Allotment Table (Table 2) and the Mix of Books Table, (Table 3), the county will determine how many books will be required per month by following the steps outlined below:

Table 1

NUMBER OF VARIABLE PURCHASE OPTIONS SELECTED

Household Size	Full Allotment (Inc. PAW)	3/4 Allotment	1/2 Allotment	1/4 Allotment
1	0	0	1,000	0
2	0	0	2,000	100
3	100	0	4,000	200
4	200	0	2,000	100
5	200	0	1,000	10

Table 2

NEW COUPON ALLOTMENT VALUES (JULY 1976 -Dec. 31, 1976)

Household Size	Full Allotment	3/4 Allotment	1/2 Allotment	1/4 Allotment
1	$ 50	$ 38	$25	$13
2	92	69	46	23
3	130	98	65	33
4	166	125	83	42
5	198	149	99	50

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Table 3

MIX-OF-BOOKS TABLE

	Types of Coupon Books				
Coupon Allotments	$2	$7	$40	$50	$65
$ 13	3	1	0	0	0
23	1	3	0	0	0
25	2	3	0	0	0
33	6	3	0	0	0
38	5	4	0	0	0
42	1	0	1	0	0
46	3	0	1	0	0
50	0	0	0	1	0
65	0	0	0	0	1
69	2	0	0	0	1
83	2	2	0	0	1
92	1	0	1	1	0
98	4	0	1	1	0
99	1	1	1	1	0
125	5	0	0	1	1
130	0	0	0	0	2
149	1	1	1	2	0
166	2	1	1	1	1
198	2	2	0	1	2

1. The number of $2 books used per month for all one-person, 1/4 allotments equals the number of $2 books required per $13 allotment (see Table 3) x the number of $13 allotments (from Table 1). In this case, 3 x 0 = 0.

2. Similarly, the number of $2 books used per month for all two-person, 1/4 allotments equals the number of $2 books required per $23 allotment (see Table 3) x the number of $23 allotments (from Table 1). In this case, 1 x 100 = 100. The rest of the 1/4 allotments would be computed the same way (for 3 person, 4 person, 5 person, etc. households).

3. Similarly, the number of $2 books used for each of the remaining allotments would be computed (1/2, 3/4, and full for all household sizes).

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63-5340 REORDERING AND COUPON INVENTORY (Continued) 63-5340

4. The total number of $2 books required per month would be sum of the individual amounts by variable purchase option and size. For example, 0 + 100 + ... As computed in 1 + 2 + 3 above.

5. In the same manner, the total number of $7, $40, $50, and $65 books per month would be determined.

6. Using this method the total number of books required in item 7(a) would be: 15,200 $2 books, 9,500 $7 books, 3,300 $40 books, 1,410 $50 books + 6,800 $65 books (monthly usage times six).

63-5350 EMERGENCY HANDLING OF REQUISITIONS 63-5350

Counties should arrange for emergency transfers of coupons when it appears that an agent's supply will not last until the next shipment is received. All such transfers (with the exception of intra-USPS transfers) must have county approval. Transfers between counties must be approved by both counties. See Section 63-5410 for reporting such transfers on the FNS-250. If a transfer cannot be made, counties should advise FNS, San Francisco, of the need for an emergency shipment and the reasons for it in writing. In the interest of time, the request may be relayed by telephone and confirmed in writing as soon as possible.

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63-5360 AUTOMATIC MONTHLY COUPON RESUPPLY 63-5360

Automatic replenishment of food coupons by armored car can be provided to many issuing agents and counties. This will enable faster and more economical delivery and will eliminate the need to submit periodic Requisitions for Food Coupon Books, Form FNS-260. The selection of shipping points to participate in the automatic monthly delivery of food coupons is based on the volume of coupons used by the agent, the location of the shipping point, and the concurrence of FNS and the affected county welfare director.

Shipping points using ten or more cartons of coupons monthly who wish to participate in this system should advise FSPM-DBP of the following:

.1 Their desire to be included on standard delivery or armored car route.

.2 The number of cartons, by book type, needed monthly.

.3 The name of an official authorized to receive coupon books and an alternate.

.4 The business telephone number of that official and his/her alternate.

.5 The normal business hours of operation.

.6 The street address of the shipping point.

.7 Physical limitations which may hinder delivery by armored carrier.

Shipping points will receive notification if and when they are scheduled for automatic replenishment by armored car. Until such notification is received, shippping points should continue to submit requisitions (FNS-260 s) as needed.

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63-5360 AUTOMATIC MONTHLY COUPON RESUPPLY (Continued) 63-5360

Notification of need for a receiving point to change any of the above information or size of the standard delivery must be received by the FNS regional office no later than 21 days prior to the Monday of the week in which the shipment is to be made. This notification shall be in the form of a letter signed by a county welfare official with a copy to FSPM-DBP. If time does not permit written notification, a telephone call to the FNS regional office, requesting the change, is permissible. Written confirmation should immediately follow the telephone call. Points selected for inclusion should maintain at least a one-month inventory to ensure an adequate supply of coupons on hand to handle any sudden increase in issuance which may occur.

Counties utilizing the automatic monthly coupon resupply should reevaluate their future coupon needs utilizing the method outlined in 63-5340 as soon as the semiannual cost of living changes (the purchase requirement table changes) are published. They should then notify FNS of any needed changes.

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CHAPTER 63-5400 TRANSFERS OF COUPONS 63-5400

63-5410 PROCEDURE 63-5410

Whenever a transfer of coupons occurs between two issuing agents or counties with different reporting point code numbers, the following procedure is required:

.1 Both county welfare departments must consent to the transfer. The initial correspondence concerning such transfers should be between the two welfare departments. It is suggested that the sending county take steps to verify the initial request, e.g., by calling the receiving county to determine if the original contact was authorized.

.2 The sending county, or its contracted agent, must initiate the Advice of Transfer Form (FNS-300), exhibited in Section 63-9527. This form will accompany the coupons to the receiving county or its agent. Exception: If the U.S. Postal Service is the sender, it will use either the FNS-300 or its List of Retail Items, Form PS 3508.

.3 Upon receiving the shipment of coupons, the receiving county or agent will complete the remainder of the document and return a receipted copy to the sending county or agent for his/her files.

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63-5410 PROCEDURE (Continued) 63-5410

.4 The receiving county or agent will attach the original and copy one of the FNS-300 (or PS 3508) to the FNS-250 report for the month in which the transfer was accomplished as supporting documentation for submission to FNS.

(See Sample 2 of Section 63-9514 for an example of a completed FNS-250 illustrating transfers.)

63-5420 RESPONSIBILITIES OF COUNTIES 63-5420

Counties will arrange for coupon transfers. FSPM-DBP staff will assist only in those cases where a statewide shortage exists.

CHAPTER 63-5500 RECEIPT OF BULK SUPPLIES OF COUPON CARTONS 63-5500

63-5510 ROUTING OF COUPONS 63-5510

Coupon books are shipped directly from the American Bank Note Company, New York City, New York, to designated receiving agents. Shipments shall be verified and receipted only by those persons so authorized on the DFA 298, Information Statement series. Issuing agencies will authorize at least two employees as receiving agents to receipt for shipment of coupon books. If an armored car delivery of food coupons should arrive after normal business hours and an authorized person is not present, it should not be accepted. If a shipment is declined for this reason the armored car carrier will wait until regular operation hours to deliver the food coupons.

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63-5520 CHANGE IN DESIGNATED RECEIVING AGENTS 63-5520

A revision to DFA 298.2 (five copies) must be submitted by the county to FSPM-DBP whenever the name of the person authorized to receive shipments is changed or when the location where books are to be sent is changed. (See Section 63-9432).

63-5530 VERIFYING SHIPMENTS 63-5530

The designated receiving agent must determine that the required number and type of cartons are received before signing the postal receipt or other receipt (depending upon how shipment is made). Cartons will be numbered consecutively for each denomination within each shipment. Cartons identify contents by colored label:

$ 2 books - green label with letter "A".

$ 7 books - purple label with letter "B".

$40 books - brownish gold label with letter "C".

$50 books - blue label with letter "D".

$65 books - reddish brown label with letter "E".

63-5540 RECEIVING SHIPMENTS 63-5540

Form FNS-261 , (see Section 63-9517), will be received just prior to, or approximately at the same time as, the shipment of food coupons. This form is a notice that food coupons previously requisitioned can be expected shortly.

The shipping point or receiving agent shall accept and receipt for food coupon shipments in the following manner:

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.1 A person or persons authorized to accept and receipt for food coupons shall verify that the number and type of each donomination being delivered agrees with those listed on the registered mail receipt and Form FNS-261 before accepting them.

.2 If there is no discrepancy between the number and type of each denomination being delivered and the entries on the registered mail receipt and Form FNS-261, he/she shall sign and date Form FNS-261. He/she shall attach the original and copy 1 to Form FNS-250 or FNS-250-1, whichever one applies.

.3 If there is a discrepancy between the number and type of each denomination being delivered and the entries on Form FNS-261 and/or the registered mail receipt, the person or persons so authorized shall make the appropriate pen and ink changes to the document(s) containing the discrepancy so that they agree with the number and type of each denomination of coupons actually received. After these changes have been made, he/she shall sign and date Form FNS-261, and follow the procedure in .2 above, for disposition.

.4 If Form FNS-261 is not received within three days following receipt of the food coupons, the consignee shall prepare a letter to the FNS Regional Office stating:

41. That the letter is being submitted in lieu of Form FNS-261, which was not received.

42. The number and type of each denomination of food coupons that were received.

43. The date the food coupons were received.

The original of this letter must be attached to Form FNS-250 or FNS-250-1, whichever applies (see .2 above).

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63-5540 RECEIVING SHIPMENTS (Continued) 63-5540

.5 If Form FNS-261 is not received within three days following receipt of the food coupons, and a discrepancy is noted between the number and type of each denomination of coupons being delivered and the entries on the registered mail receipt, the procedures outlined in .3 and .4 above, must be followed jointly.

.6 If Form FNS-261 is received after the letter described in .4 above has been mailed, Form FNS-261 may be discarded.

Before use, each carton and box shall be examined according to the instructions on the respective labels. (See Section 63-5600 for additional instructions.)

63-5550 OPENING INDIVIDUAL CARTONS 63-5550

Before opening each carton, the receiving agent and at least one other person will examine the seal and general condition of the carton. They should not break the seal if there is any evidence of tampering or other damage. They should check the contents by removing the cambric tapes over the special openings provided for inspection of the carton, folding back the flaps, and counting the number of boxes. Then they should verify the contents by checking the labels on the boxes with the label on the carton. If there are mutilated or mismanufactured coupons or a shortage/overage of coupons, an FNS-43 must be completed (see Section 63-5600).

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63-5560 OPENING INDIVIDUAL BOXES 63-5560

Before opening each box, the employee responsible and at least one other person will examine the seal and general condition of the box and count the number of units through the slotted opening to verify that 25 units are contained in each box of $2 and $7 books, 20 units in each box of $40 and $50 books, and 15 units in each box of $65 books. (A unit consists of 10 books. Units are separated by dividers.) If there are mutilated or mismanufactured coupons or a shortage/overage of coupons, the employee must complete the FNS-43 (see Section 63-5600).

CHAPTER 63-5600 ESTABLISHING CLAIMS FOR IMPROPERLY MANUFACTURED OR MUTILATED FOOD COUPONS OR COUPON BOOKS FOUND PRIOR TO ISSUANCE 63-5600

63-5610 ESTABLISHING CLAIMS 63-5610

(To establish claims for improperly manufactured or mutilated food coupon books returned by recipients, see Section 63-4130.)

.1 When a shortage or overage of food coupons or food coupon books is discovered by the issuance office, the issuance officer shall:

.11 Complete Form FNS-43, Report of Improperly Manufactured, Mutilated, or Shortage/Overage of Food Coupon Books, noting the number, type, condition of all the coupons or coupon books;

and the serial numbers of all the coupons and coupon books involved, including the prefix, suffix, and year of the series. Any other facts relevant to the situation should be included in the "Remarks" section. This form shall be signed by two witnesses. (See Chapter 63-9000 for sample and instructions for completing FNS 43.)

DO NOT WRITE IN THIS SPACE

.12 In the case of a shortage, note the discrepancy on Form FNS-250 or FNS-250-1 as "Returned to FNS." In the case of an overage, note the additional books on Forms FNS-250 or FNS-250-1 as "Shipments Received from FNS."

.13 Retain copy 4 of Form FNS-43. Attach copies 2 and 3 of Form FNS-43 to the two copies of Form FNS-250 or FNS-250-1 that are being forwarded to the Regional Office, FNS. Send the original and copy 1 of the form to:

CHIEF
Administrative Cost and Analysis Branch
FOOD STAMP DIVISION
FOOD AND NUTRITION SERVICE
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250

.2 When a small quantity of loose food coupons or coupon books are found by the issuance office to be improperly manufactured or mutilated, the issuance officer shall:

.21 Immediately cancel all the food coupons and coupon books involved.

.22. Complete Form FNS-43, as stated in Section 63-5610.11, above.

.23 Enter the books that are improperly manfactured or mutilated on Forms FNS-250 or FNS-250-1 as "Returned to FNS." Destroy the coupon books as soon as possible.

.24 Distribute Form FNS-43, as stated in Section 63-5610.13, above

.25 Issue the remainder of the undamaged books.

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63-5610 ESTABLISHING CLAIMS (Continued) 63-5610

.3 When it is evident that an entire carton or box contains improperly manufactured or mutilated food coupon books, the issuance officer shall:

.31 Store in a secure place.

.32 Complete Form FNS-43, as stated in Section 63-5610.11 above.

.33 Distribute Form FNS-43, as stated in Section 63-5610.13 above.

.34 Request instructions for disposition of the food coupon books from:

CHIEF
Administrative Cost and Analysis Branch
FOOD STAMP DIVISION
FOOD AND NUTRITION SERVICE
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250

.35 Where possible, issue the undamaged food coupon books.

.4 Occasionally, food coupons and/or books are accidently destroyed during the manufacturing process. When this happens, they are replaced by STAR BOOKS which are identified by serial numbers which do not have a prefix letter. Also, the remainder of the serial number will bear no resemblance to those on the other books in the box or carton. Counties should advise their agents that STAR books are negotiable, and should be issued.

63-5700 FISCAL RECONCILIATION 63-5700

63-5710 INVENTORY ACCOUNTABILITY 63-5710

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63-5710 INVENTORY ACCOUNTABILITY (Continued) 63-5710

Records of accountability for coupon books must be maintained. Contracted agents may be delegated this responsibility. Such delegation will not, however, relieve or discharge counties of liability for any unaccounted-for coupon books. Such accountability records shall show the serial numbers and number of books received, the serial numbers and number distributed to other offices for issuance (or the number issued), and the balance on hand. Form DFA 292, Coupon Book Inventory Record, is to be used for this purpose. (See Section 63-9429).

In county issuance, the office supervisor maintains the Form DFA 292. For each denomination of coupon books transferred from the county treasurer's office, the person responsible for county storage will provide a receipt for the supervisor's use in making entries on coupon book inventory records.

.1 The left side of this form shows receipt of books, usually from the county treasurer.

.2 The right side of the form is for disbursements made to the cashiers. The supervisor should have the cashier initial in the appropriate space. The initialing is for the supervisor's protection.

The responsible person must be sure that a running computed inventory of all unissued stamps in the county is maintained and a monthly physical inventory made when reporting books on hand on Form FNS-250.

CHAPTER 63-5720 PROCEDURES AND CONTROLS FOR PROCESSING EXECUTED ATP CARDS 63-5720

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63-5722 RESPONSIBILITY OF DATA PROCESSING UNIT FOR EXECUTED ATP CARDS 63-5722

.1 The Data Processing Unit shall use executed ATP cards for:

.11 Verfication of the Form FNS-250, Food Coupon Accountability Report, submitted by issuance units.

.12 Identification of duplicate and other unauthorized issuances by comparison with ATP Master File.

.13 Recording of participation in ATP Master File.

.14 An audit trail for accounting review purposes.

.15 Providing necessary reports to other units and to FNS.

.2 Information from executed ATP cards must be retained in an orderly fashion for audit review purposes. (See Section 63-9210).

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63-5723 PROCESSING EXECUTED ATP CARDS 63-5723

ATP reconciliation must be accomplished as described below unless counties receive specific written approval from DBP for use of alternative procedures.

.1 All ATP cards transacted by recipients during the month shall be returned to the Data Processing Unit for reconciliation. Care should be taken in the preparation and transmittal of ATP cards to the Data Processing Unit as these documents are the Issuance Agent's only proof that its issuances are authorized. The Data Processing Unit shall establish a schedule for the return of executed ATP cards by issuance units and/or agents. More frequent transmittals, however, will allow the Data Processing Unit more time to prepare input data and validate batches prior to overall ATP reconciliation and participation reporting. Each transmittal of ATP cards shall be accompanied by an ATP Batch Report indicating the number of ATP cards attached, the total value of coupons authorized to be issued, and the total value of purchase requirements. The issuance unit should separate replacement ATPs for coupons lost in the mail from other ATPs.

.2 Upon receipt of executed ATP cards from an issuance unit, the Data Processing Unit shall verify the totals on the transmittal statement. If differences occur which cannot be reconciled with the issuance unit, the Data Processing Unit's figures shall be used for all subsequent reports, including the Form FNS-250.

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.3 At the end of the month, the Data Processing Unit shall verify the Actual vs. Authorized Summary of the Form FNS-250 from each issuance unit against the totals from the unit's transmittal statements. If unreconciled differences occur, the bonus difference shall be adjusted according to Data Processing Unit's figures and the Form FNS-250 corrected by the issuance agent prior to submission, if possible. If time does not permit, revised FNS-250 reports shall be submitted.

.4 The Data Processing Unit shall use transacted ATP cards to record participation in the ATP Master File. (If there is over-the-counter issuance of ATP cards, the Data Processing Unit shall merge this information beforehand.) At a minimum, the Data Processing Unit shall record the allotment selection from each ATP.

.5 The Data Processing Unit shall reconcile transacted ATP cards with the ATP Master File to identify altered, duplicate, counterfeit, and stolen ATP cards. Upon discovery of such transactions, the Data Processing Unit shall:

.51 Refer the case to the appropriate county personnel for legal and/or administrative action as may be warranted by the nature of the incident.

.52 Make no correction on the Form FNS-250 for cases of this nature. These are authorized and actual issuances.

.53 Pursue the case in accordance with claim determination procedures in Section 63-4524.

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63-5723 PROCESSING EXECUTED ATP CARDS (Continued) 63-5723

.6 The Data Processing Unit will reconcile replacement ATPs for coupons lost in the mails with the data it has received from the Certification Unit on the issuance of these documents (see Section 63-3464.5). Issuances made on the basis of these ATPs are to be treated as actual but not authorized on the FNS 250. In order for the agent not to be liable for the resulting bonus difference, the FNS 259 shall be completed and submitted (see Section 63-3558; also see Section 63-5830 for billing treatment)

.7 The Data Processing unit shall identify transacted out-of-county, out-of-state ATP cards. These are actual but not authorized issuances which will result in a bonus value difference for which the county (or its agent) is liable (see Section 63-5724, below).

63-5724 PROCESSING INVALID ATP CARDS 63-5724

ATP cards redeemed by over-the-counter issuance units after the end of the month in which the ATP cards expired and which do not meet the exception outlined in Section 63-3423.3 shall be treated as cashier errors for which the county (or agent) is liable. Out-of-county/out-of-state ATPs shall also be treated in this manner.

.1 The Data Processing Unit shall:

.11 Review ATP cards received from issuance units for such invalid ATP cards, and

.12 Require the submission of a corrected Form FNS-250 to reflect the unauthorized issuances.

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63-5724 PROCESSING EXPIRED ATP CARDS (Continued) 63-5724

.2 Payment to the contracted issuance agent(s) for cost of transaction fees may be declined by the county for invalid ATPs redeemed by the agent. However, in no instance are the agent(s) permitted to retain such ATPs or fail to include the coupon allotment and purchase requirements indicated on the ATPs in the FNS-250 reports. Stale-dated ATP transactions are reflected in the FNS-250 reports as actual sales and collections but not as authorized sales.

63-5725 PREPARATION OF THE PARTICIPATION REPORTS 63-5725

.1 The Data Processing Unit is responsible for preparing monthly participation statistics information for each designated county. Form FNS-256 shall be prepared in accordance with Section 63-9515.

.2 The Data Processing Unit shall include in participation statistics (FNS 256) all households that have transacted ATP cards including altered, and counterfeit ATP cards, and duplicate ATP cards for both lost ATPs and lost coupons. The unit shall report only once households which have transacted duplicate ATP cards (including replacement ATPs).

.3 The Data Processing Unit shall also be responsible for preparing Form DFA-358, Food Stamp Program Participants by Ethnic Group, from the same source documents as the Form FNS-256. (See Section 63-9442).

.4 The Data Processing Unit is responsible for preparing the DFA-296, Monthly Statistical Report (see Section 63-9431)

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63-5730 HOW TO REPORT (USING FORM FNS-250--FOOD COUPON ACCOUNTABILITY REPORT) 63-5730

The Food Coupon Accountability Report (FNS 250) must be prepared immediately after the close of each issuance month and is submitted to FNS, WRO by the county. This report, summarizing monthly food stamp sales activity, is used for accounting and inventory control purposes. A copy of this report or the data necessary to prepare the report shall be sent to the Data Processing Unit for review and verification of authorized issuance data prior to submission if possible. Each issuing unit making deposits shall prepare a Form FNS-250 report which will be consolidated into a single report by the county office if the county is self-issuing. If the county contracts for issuance, a separate FNS-250 will be required for each reporting point. All copies of the FNS-250 must have original signatures.

County welfare departments are not responsible for submitting a single, county consolidated Form FNS-250 report for all their contracted issuance agents. However, in all cases the county shall submit all FNS-250s for the county and/or its agents. Counties are responsible for reconciling any differences between their records and those of the issuance agents. Counties will be held liable for the face amount of food coupons or the funds collected in payment of the purchase requirement whether or not such coupons or funds are determined lost as a result of, but not limited to, theft, embezzlements, or unexplained causes; or which cannot be accounted for (See Sections 63-5220 and 63-5830).

Bulk Storage Points must complete and submit Monthly Food Coupon Book Reports (FNS-250.1) in the manner outlined in Section 63-5730 for FNS 250 reports. (See Section 63-9514 for a sample of a completed FNS-250.1.)

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63-5740 BEGINNING AND ENDING INVENTORIES 63-5740

The amount of coupons reported on hand at the beginning of the current month must coincide with the amount reported as ending inventory in the previous month. The amount reported as ending inventory must be based on the actual physical count of all coupons on hand on the last day of the month and in no event should be merely the current balance indicated in the inventory control records.

County officials must ensure that coupon inventories reported by their contracted agents are in fact based on actual counts and should witness these counts on a selected basis. Issuance agents must be required by the county to submit corrected reports when the current month reported beginning inventory does not coincide with the ending inventory reported for the previous month.

63-5750 SHIPMENTS RECEIVED AND TRANSFERRED 63-5750

Coupons received and/or transferred must be reported in the month such receipts or transfers are actually accomplished. The agent originating a coupon transfer should identify the receiving agent in the "Transfer Summary" portion of the Form FNS-250 and keep a receipted copy of the "Advice of Transfer," Form FNS-300 (see Section 63-5400).

Section 63-5300 fully describes the process of ordering and verifying. Section 63-5500 describes the process of receipting for coupon shipments from Food and Nutrition Service. Section 63-5540 requires the counties' contracted issuance agents to send a copy of the Form FNS-261, Advice of Shipment, to the county welfare department. This will enable counties to verify the data reported on the FNS-250 report.

31918-750 3-75 25M △ OSP

63-5760 SUBMISSION OF THE FNS-250 63-5760

When to Report

Reports are due once each month. They shall be completed by self-issuing county welfare departments and/or county contracted issuance agents, reconciled by the county's Data Processing Unit, and submitted by county welfare departments so as to be received by Food and Nutrition Service, Western Region, by the 20th calendar day following the end of the reporting month. If the county is unable to reconcile prior to submitting the FNS 250 report, the report shall be submitted timely with a revised report, if necessary, being submitted after completion of the reconciliation.

Where to Report

The original and one copy of each FNS 250 shall be submitted to Food and Nutrition Service, U.S. Department of Agriculture, 550 Kearney Street, Room 400, San Francisco, CA 94108 by county welfare departments.

Self-issuance counties shall retain one copy for their files.

County-contracted issuance agents shall submit all copies except one to the county welfare department, retaining one copy for their files. The CWD will then retain the project area copy.

63-5800 OVERAGES AND SHORTAGES 63-5800

31918-750 3-75 26M △ OSP

63-5810 REPORTING OVERAGES AND SHORTAGES 63-5810

.1 Overages and Shortages by Cashiers

Agents shall report all overages or shortages of cash or coupon books due to cashier's error on Form FNS-250 for the period for which they occur.

.2 Shortages Due to Other Causes

Counties shall report immediately, by phone, shortages due to fire, theft, fraud, embezzlement, or other cause to the local USDA-FNS Officer in Charge and to DBP-FSPM. Counties shall follow up the phone report with a letter to Food and Nutrition Service, Western Region, 550 Kearny Street, San Francisco, CA, 94108 (with a copy to DBP-FSPM) giving complete details of the shortage and action taken. When appropriate, counties shall immediately notify the police. Issuance agents will be billed separately for all shortages over $1,000 due to the theft, embezzlement, etc.

Coupon losses, and cash losses not replaced by the county or agent, must appear as inventory and/or cash shortages on the FNS-250 report submitted for that month and should be explained on an attachment to that report. In cases where fire or flood damage or destruction of coupons is documented, counties will not be held liable for the losses. Counties will be notified of any additional action to be taken and of any adjustment to be made to their records.

31918-750 3-75 26M △ CSP

63-5820 PROCEDURE FOR ADJUSTING SHORTAGES OR OVERAGES 63-5820

The method to be used by the county will be as follows for determining agent liability:

.1 Cash overages will be deposited in accordance with Section 63-3900 to the account of Food and Nutrition Service along with the amount authorized to be collected and will be used for offsetting any shortages during the six-month accounting period.

.2 All cash overages shall be applied against cash and/or coupon book shortages in the six-month accounting period.

.3 Coupon book overages shall be applied against coupon book and cash shortages in the six-month accounting period.

.4 Cash and coupon book overages remaining after offsets have been made shall not be carried over into the next semiannual period.

.5 Any damaged cartons or boxes shall be put in safekeeping until the county is notified what to do with them. The cartons or boxes will be a part of the inventory until disposition is made.

31918-750 3-75 26M △ OSP

63-5830 FEDERAL BILLING 63-5830

A review for the accounting periods ending June 30 and December 31 will be made by FNS and account statements sent periodically to each county through DBP-FSPM: Any shortages not covered by offsetting overages will be paid directly by the county in one remittance for all agents to / Finance Program and Accounting Division, FNS (USDA), Washington, D.C. providing full details when possible and including the accounting period, name of county, and amount due. Copies of all correspondence regarding billings should be sent to FSPMB-DBP and to FNS, Western Region Office. Counties will be expected to secure reimbursement from their designated issuance agents, if applicable, by lump-sum payment or adjustment in the transaction charges depending on contracted agreements. For USPS agents, the former method of adjustment shall be used.

Counties will be provided an opportunity to do their own reconciliation and to request correction of those account statements received from / Finance Program and Accounting Division. Such requests must be fully documented and justified, and, if shortages cited by the account statement have been offset by previous payments, subsequent overdeposits and/or correction of coupon inventories, evidence of such payments, overdeposits, or inventory corrections must be provided.

Counties, pending billing notification from FNS, should determine on a semiannual basis the liabilities of their agents, based on their review and reconciliation of the FNS-250 reports and verfication of deposits from the monthly deposit printouts. Upon this determination, agents should be billed in order to avoid problems caused by long delays between issuance activity and federal billing.

31918-750 3-75 26M △ CSP

It should be noted that the dollar value of authorized replacements for mail losses (which result in bonus differences but are documented with FNS 259 reports) are taken into account by FPAD on a countywide basis. Counties must assure that the proper agent is credited with the amount of authorized replacements. (Also see Section 63-3558).

Example

County A has two issuance agents. Agent B handles mail and PAW and Agent C handles over-the-counter transactions. Agent B has $50 in cashier errors for the six month billing period and $75 in authorized replacements for coupons lost in the mail ($125 total bonus difference). Agent C has $65 in cashier errors. FPAD's bill to the county will show $125 for Agent B and $65 for Agent C but a total due of only $115. The county must insure that the agents are billed for the proper amounts, in this case $50 and $65 for agents B and C respectively.

31918-750 3-75 26M △ OSP

STD. 400A (8-71)

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

The regulation changes will result in only minor cost increases to state and county levels of government.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

377-15

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JAN 1 0 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
JAN 1 0 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: December 20, 1977

By: Walter J. Wade

Director
(Title)

FILED
In the office of the Secretary of State
of the State of California
JAN 1 0 1978
At 1:12 o'clock P.M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

AMEND: Section 40-115.22
42-433.2
47-333.2

REFERENCE: Statutes of 1977, Chapter 346.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

The following facts constitute the emergency:

1. The Statutes of 1977, Chapter 346, which recently became law, provide that the fact that a person certifies to his/her U.S. citizenship by signing an affidavit of registration to vote shall be deemed evidence of citizenship for voting purposes only.

2. This prohibition, while intended to eliminate the use of voter registration self-certification as an unreliable method of proving citizenship to determine eligibility for public assistance, also produces the unintended result of denying eligibility to citizens who have no other immediate way of proving their citizenship.

3. In order to prevent the denial of eligibility for AFDC and APSB to citizens who are unable to immediately prove their U.S. citizenship by means other than voter registration it is necessary to provide them with public assistance for a reasonable time until they can find other acceptable evidence of citizenship.

4. In order to provide such assistance immediately upon the January 1, 1978 effective date of Chapter 346, it is necessary that these regulations be adopted on an emergency basis.

The regulation changes set forth above are adopted as emergency measures to become effective upon filing with the Secretary of State.

31918-750 3-75 26M △ OSP

AFDC
APSB

.22 Exploration of Eligibility

The applicant will be given an appropriate Statement of Facts (i.e., APSB 201 or CA 2) to complete and sign under penalty of perjury. Acceptable evidence must be obtained concerning the linking and nonlinking factors of eligibility. (See each Eligibility Chapter — Divisions 41 and 42 — for what is acceptable evidence.) When such evidence does not exist, the applicant's sworn statement under penalty of perjury will be considered sufficient. In the area of verification of U.S. citizenship or alienage status, the applicant's sworn statement is only sufficient to allow eligibility for a period of aid paid pending verification (see Sections 42-433.22 for U.S. Citizens; 42-433.33 for Aliens or 47-333.22 and 47-333.33 for APSB applicants).

.221 Before additional evidence may be obtained, the applicant must agree to continue the process of attempting to establish his/her eligibility.

.222 The applicant must participate in the gathering of evidence necessary to make an eligibility determination insofar as he/she has the capacity to do so.

.223 The principles and methods set forth in 40-157.2 and 40-157.3 shall be observed when obtaining evidence.

.224 The application process is not complete until all the evidence is in.

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

42-433 PROOF OF CITIZENSHIP OF ELIGIBLE ALIEN STATUS (Continued)

.2 Documentation - U.S. Citizens

.21 United States Citizenship as defined in Section 42-431.1 shall be documented by a birth certificate, baptismal certificate, or similar proof of birth in the United States or United States Territory, U.S. passport, certificate of citizenship or naturalization provided by INS, or an identification card for use of a resident citizen in the United States (INS Form I-179 or I-197). If such evidence is not available, the applicant shall state the reason and submit other evidence which proves _____ his/her birth in the United States or United States Territory, or his/her citizenship. Examples of other evidence: documents which show the date and place of the applicant's birth such as confirmation papers or church record of confirmation, school records, Indian agency records (if applicable), adoption decree (if birth in the United States or United States Territory is shown), copy of discharge from military service, marriage certificate, or affidavits, or declarations made under penalty of perjury, by persons with direct knowledge of (1) the date and place of the applicant's birth in the United States or (2) the U.S. citizenship of the applicant's parents, or (3) facts concerning the applicant which would not exist if he/she were not a citizen. _____

DO NOT WRITE IN THIS SPACE

31910-750 3-75 26M △ OSP

42-433 PROOF OF CITIZENSHIP OF ELIGIBLE ALIEN STATUS (Continued) 42-433

.22 An otherwise eligible person who states on the CA 2 that he/she is a United States citizen, but who cannot provide the documentation or other proof specified in .21 above shall be eligibile, in the absence of any conflicting evidence, for aid pending verification of citizenship for a period up to 90 days after the date of application, (restoration, or reapplication) pending verification of his/her status. For persons receiving aid, as of the effective date of these regulations, whose only proof of citizenship was a certificate of registration to vote, the county shall continue aid pending verification of status for up to 90 days after the date of the next redetermination or for up to 90 days after the date verification is requested if earlier. Efforts to obtain satisfactory documentation shall be undertaken by the recipient in this period (see Section 40-157.21). At the end of 90 days, aid to the recipient shall be terminated unless the county in assisting the recipient, determines an extension of time is necessary to obtain documentation. The extension of time shall be appropriate to the particular situation, but in no event shall extend beyond the next annual redetermination date. At that time, if no satisfactory proof of citizenship can be obtained, the recipient shall be terminated from aid.

.23 Aid to a person receiving aid pending verification of citizenship under .22 above shall be terminated if during the period of documentation gathering:

.231 He/she refuses to cooperate with the county and/or INS in determining his/her citizenship (see Section 42-433.1)

.232 The county verifies that he/she is not a citizen of the United States.

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31918-750 9-75 26M △ OSP

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

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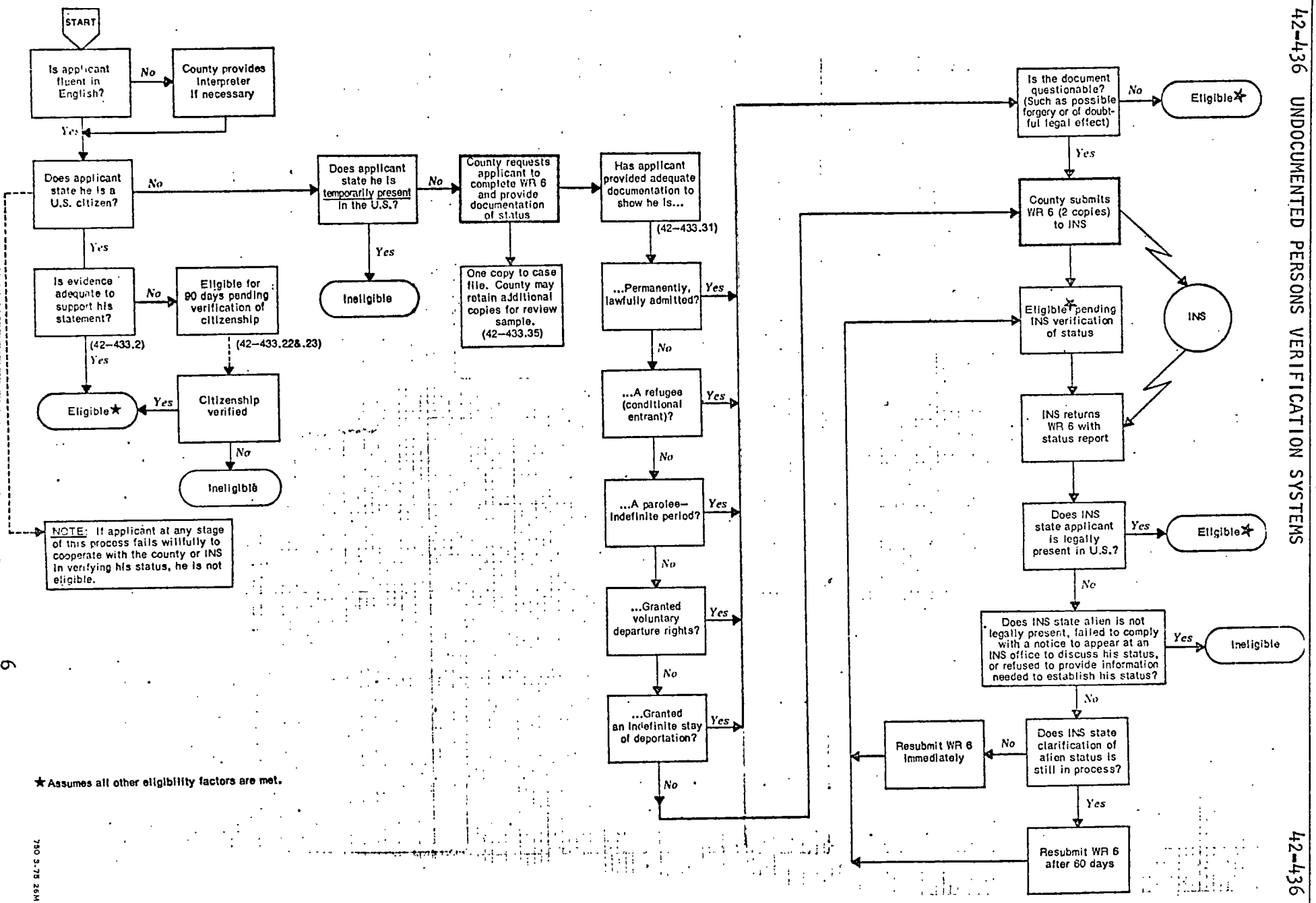
42-436 UNDOCUMENTED PERSONS VERIFICATION SYSTEMS



★ Assumes all other eligibility factors are met.

42-436

750 3-73 26M △ OSP

47-333 PROOF OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS (Continued) 47-333

.2 Documentation - U.S. Citizens

.21 United States Citizenship as defined in Section 47-331.1 shall be documented by a birth certificate, baptismal certificate, or similar proof of birth in the United States or United States Territory, U.S. passport, certificate of citizenship or naturalization provided by INS, or an identification card for use of a resident citizen in the United States (INS Form 1-179 or 1-197). If such evidence is not available, the applicant shall state the reason and submit other evidence which proves _____ his/her birth in the United States or United States Territory, or his/her citizenship. Examples of other evidence: documents which show the date and place of the applicant's birth such as confirmation papers or church record of confirmation, school records, Indian agency records (if applicable), adoption decree (if birth in the United States or United States Territory is shown), copy of discharge from military service, marriage certificate, or affidavits, or declarations made under penalty of perjury, by persons with direct knowledge of (1) the date and place of the applicant's birth in the United States or (2) the U.S. citizenship of the applicant's parents, or (3) facts concerning the applicant which would not exist if he/she were were not a citizen. _____

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

47-333 PROOF OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS (Continued) 47-333

.22 An otherwise eligible person who states on the APSB 201 that he/she is a United States citizen, but who cannot provide the documentation or other proof specified in .21 above shall be eligible, in the absence of any conflicting evidence, for aid pending verification of citizenship for aid for a period up to 90 days after the date of application (restoration, or reapplication) pending verification of his/her status. For persons receiving aid, as of the effective date of these regulations, whose only proof of citizenship was a certificate of registration to vote, the county shall continue aid pending verification of status for up to 90 days after the date of the next redetermination or for up to 90 days after the date verification is requested if earlier. Efforts to obtain satisfactory documentation shall be undertaken by the recipient in this period (see Section 40-157.21). At the end of 90 days, aid to the recipient shall be terminated unless the county in assisting the recipient, determines an extension of time is necessary to obtain documentation. The extension of time shall be appropriate to the particular situation, but in no event shall extend beyond the next annual redetermination date. At that time, if no satisfactory proof of citizenship can be obtained, the recipient shall be terminated from aid.

.23 Aid to a person receiving aid pending verification of citizenship under .22 above shall be terminated if during the period of documentation gathering:

.231 He/she refuses to cooperate with the county and/or INS in determining his/her citizenship (see Section 42-433.1)

.232 The county verifies that he/she is not a citizen of the United States.

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Notwithstanding Section 2231 of the Revenue and Taxation Code, there shall be no reimbursement pursuant to this regulation because the duties, obligations or responsibilities imposed on local government by this regulation will not cause any financial burden onllocal government.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

DO NOT WRITE IN THIS SPACE

31918-750 3-75 26M △ OSP

77-44

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

FILED
In the office of the Secretary of State
of the State of California

FEB 1 - 1978
At 1:57 o'clock P M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

January 20, 1978

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations filed with the Secretary of State on November 1, 1977, concerning Extension of Retroactive Payments, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

BY Marion J. Woods
MARION J. WOODS, Director

RECEIVED FOR FILING
FEB 1 1978
Office of Administrative Hearings

77-55

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

January 26, 1978

FILED
In the office of the Secretary of State
of the State of California

FEB 1 - 1978
At 1:57 o'clock P M.
MARCH FONG EU, Secretary of State
By Merjorie R Hershberger
Deputy Secretary of State

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations filed with the Secretary of State on November 15, 1977, concerning Burial Reserve Exemption, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By Marion J. Woods
MARION J. WOODS, Director

RECEIVED FOR FILING
FEB 1 1978
Office of Administrative Hearings

77-52

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING	Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:	
FEB 8 1978 Office of Administrative Hearings ENDORSED APPROVED FOR FILING (Gov. Code 11380.2) FEB 3 1978 Office of Administrative Hearings	Department of Benefit Payments (Agency) Dated: February 7, 1978 By: Melvin J. Woods Director (Title)	FILED In the office of the Secretary of State of the State of California FEB 8 - 1978 At 9:05 o'clock a M. MARCH FONG EU, Secretary of State By Marjorie R Hirschberger Deputy Secretary of State
DO NOT WRITE IN THIS SPACE		DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on April 1, 1978 after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Section 25-500

ADOPT: Section 25-503
25-504
25-505
25-801
25-802
25-803

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

25-500 GOVERNMENTAL PARTICIPATION IN AID PAYMENTS 25-500

.1 Method of Claiming Determination for Entire Fiscal Year

The Director shall determine which of the following methods of claiming produces the larger share of federal funding:

a. Fifty percent basis as provided under Section 1118 of the Social Security Act as amended by Public Law 89-97, or

b. The dollar amount by number of recipients under the appropriate Titles of the Social Security Act.

.2 Computation of County Claims

County claims for reimbursement shall then be computed by applying the federal percentage to the total money payments as provided on the appropriate claiming form.

25-503 MANDATED INCREASED COSTS 25-503

The county share of costs mandated by the state is subject to reimbursement by the state (Revenue and Taxation Code Section 2231). Costs mandated by the state include:

.1 Enacted by Law

Any law enacted after January 1, 1973 which increases county costs by mandating a new program or an increased level of services to an existing program.

.2 By Executive Order

Any executive order issued after January 1, 1973 which increases county costs by:

.21 Mandating a new program.

.22 Implementing or interpreting a state statute.

Increased costs mandated by the state do not include cost increases due to federally mandated changes, court-ordered changes, or changes required by an initiative enactment or costs waived by statute.

31918-750 3-75 26M △ OSP

25-504 LOCAL COST REIMBURSEMENT SYSTEM 25-504

County shares of increased costs mandated by the state after June 30, 1977 will be reimbursed by the state through the Local Cost Reimbursement System.

There is a State-County Local Cost Reimbursement Committee composed of a limited number of county members representing large, medium, and small counties. In addition, the committee will include representatives of the Department of Benefit Payments. The committee will review proposed regulations, accompanying cost estimates, and costing methodologies. Statewide costs, determined on the basis of a logical methodology, will subsequently be distributed to individual counties by allocation.

Local Cost Reimbursement allocations to individual counties will be made on a basis commensurate with the methodology used to identify the statewide cost unless some other method more appropriately reflects individual county costs. Counties failing to promptly implement cost regulations shall be subject to a reduction in their allocation.

Local Cost Reimbursement will be accomplished, at least annually, by adjustments to the public assistance claims, decreasing county shares, and increasing state shares by the amount of the allocation to each individual county.

31910-750 9-75 26M △ OSP

DO NOT WRITE IN THIS SPACE

25-505 COSTS MANDATED PRIOR TO JULY 1, 1977 25-505

Increased costs mandated by the state prior to July 1, 1977 will continue to be identified and separately claimed in accordance with previously issued instructions. Such costs include:

.1 The six percent AFDC cost-of-living increase effective January 1, 1977.

.2 The $12.50 increase to foster parents for each foster care child in a foster family home effective September 1, 1976.

25-801 MANDATED INCREASED COSTS 25-801

The county share of costs mandated by the state is subject to reimbursement by the state (Revenue and Taxation Code Section 2231). Costs mandated by the state include:

.1 Enacted by Law

Any law enacted after January 1, 1973 which increases county costs by mandating a new program or an increased level of services to an existing program.

.2 By Executive Order

Any executive order issued after January 1, 1973 which increases county costs by:

.21 Mandating a new program.

.22 Implementing or interpreting a state statute.

Increased costs mandated by the state do not include cost increases due to federally mandated changes, court-ordered changes, or changes required by an initiative enactment or costs waived by statute.

31910-750 9-75 26M △ OSP

DO NOT WRITE IN THIS SPACE

25-802 LOCAL COST REIMBURSEMENT SYSTEM 25-802

County shares of increased costs mandated by the state after June 30, 1977 will be reimbursed by the State through the Local Cost Reimbursement System.

There is a State-County Local Cost Reimbursement Committee composed of a limited number of county members representing large, medium, and small counties. In addition, the committee will include representatives of the Department of Benefit Payments. The committee will review proposed regulations, accompanying cost estimates, and costing methodologies. Statewide costs, determined on the basis of a logical methodology, will subsequently be distributed to individual counties by allocation.

Local Cost Reimbursement allocations to individual counties will be made on a basis commensurate with the methodology used to identify the statewide cost unless some other method more appropriately reflects individual county costs. Counties failing to promptly implement cost regulations shall be subject to a reduction in their cost allocations.

Local Cost Reimbursement will be accomplished, at least annually, by adjustments to the administrative expenditure claims, decreasing county shares and increasing state shares by the amount of the allocation to each individual county.

25-803 COSTS MANDATED PRIOR TO JULY 1, 1977 25-803

There were no new or increased program mandates resulting in increased administrative expenditures prior to July 1, 1977, which were claimable through Administrative Expenditure Claims.

31918-750 3-75 26M △ OSP

STD. 400A (8-71)

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

DO NOT WRITE IN THIS SPACE

There are no costs to any unit of local government in these regulations.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

31918-750 3-75 26M △ OSP

77-21

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

FILED
In the office of the Secretary of State
of the State of California

FEB 8 - 1978
At 9:05 o'clock a M.
MARCH FONG EU, Secretary of State
By Marjorie R Kershberger
Deputy Secretary of State

February 3, 1978

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations (or order of repeal) filed with the Secretary of State on September 28, 1977, concerning Essential Persons, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By Marion J. Woods
MARION J. WOODS, Director

RECEIVED FOR FILING
FEB 8 1978
Office of Administrative Hearings

77-54

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
FEB 21 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
FEB 21 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: February 16, 1978

By: Melvin Woods
Director
(Title)

FILED
In the office of the Secretary of State
of the State of California

FEB 21 1978
At 1:40 o'clock P M.
MARCH FONG EU, Secretary of State
By Phea Dudech
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on May 1, 1978, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Section 40-128.25
42-213.138
44-305.131(a)

44-323.114

These regulations have been amended to implement, interpret, or make specific Welfare and Institutions Code Sections 11251 and 11255.

DO NOT WRITE IN THIS SPACE

40-128 APPLICANT'S STATEMENT OF FACTS (Continued) 40-128

.2 Continued

.25 At county option, the licensed private adoption worker, probation officer or county social service or adoption worker who is responsible for the placement and supervision of the child may complete a CA 2X in place of the CA 2 under the following circumstances:

.251 The child is relinquished for adoption.

.252 The parent is unavailable to sign, as described in .24 above.

.253 There is no parent or guardian.

42-213 PROPERTY ITEMS TO BE EXCLUDED IN EVALUATING PROPERTY WHICH MAY BE RETAINED (Continued) 42-213

.138 The separate and community shares of real property of the absent parent which are unavailable to the AFDC family or child (i.e., the family or child does not have possession or control of the property so that the property may be used to meet current needs). Such unavailable property is to be excluded in cases where the child is living apart from his/her parent or parents. The exclusion applies to a child in foster care regardless of whether his/her parents are maintaining a home together.

An availability determination of the separate and community shares of real property of an absent parent must be made by the county as part of the initial eligibility determination. After the initial eligibility determination, the county only needs to make another availability determination when the county receives information that there has been a change.

DO NOT WRITE IN THIS SPACE

44-305 AID PAYMENTS – PAYEE AND DELIVERY (Continued) 44-305

.131 Foster Care Child in Unlicensed Home

a. If the county develops plan pursuant to Section 30-206 which provides for the placement of a foster care child in a home which requires a license but which has not yet applied for such license, AFDC may be authorized in accordance with Sections 44-323 and 44-317.12 but may not be paid until the foster family home makes application for a license. Aid payments may be made during such time as the licensing study is in progress, provided the child is otherwise eligible and the Services System establishes that continuation of the placement during the licensing study is not contrary to the best interests of the child (See Section 30-209.1). This provision applies:

(1) To the child for whom application is made;

(2) To the child receiving aid who is moved to a different home; and

(3) To the child receiving aid who at time of reinvestigation is found to be living in a currently unlicensed home.

31918-750 5 75 26M

44-323 PAYMENTS FOR CHILDREN IN FOSTER CARE (Continued) 44-323

.114 The child, if voluntarily placed by parent or guardian, must be placed or accepted for continued placement only upon a mutual decision between the county welfare department and the parent(s) or whoever has legal custody of the child. A placement agreement must be signed by the parent or legal guardian and the county must have determined, pursuant to a service evaluation, that a need for the voluntary placement exists.

67042-750 8-72 35M OSP

STD. 400A (8-71)

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

DO NOT WRITE IN THIS SPACE

No additional costs are mandated by these regulations.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

31918-750 3-75 26M △ OSP

77-74

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
FEB 21 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
FEB 21 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: February 16, 1978

By: Melvin J. Woods
Director
(Title)

FILED
In the office of the Secretary of State of the State of California
FEB 21 1978
At 1:40 o'clock P M.
MARCH FONG EU, Secretary of State
By Gloria Dudesch
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 305.1 and 306.1 of the Unemployment Insurance Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421 (b) of the Government Code.

ADOPT: Section 927.5 - 1
986.5 - 1
987.7 - 1

Interprets, implements, and makes specific Unemployment Insurance Code Sections 927.5, 986.5, and 987.7.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

The following facts constitute the emergency:

Chapter 1142, Statutes of 1977 (AB 1628) is effective January 1, 1978, and requires that tips and gratuities in excess of $20 per month received by workers from persons other than the employer be included in wages for the purpose of Part 2, Division 1 of the Unemployment Insurance Code (disability insurance coverage). The statutory change requires that employees and employers report such tips and gratuities to this department and sets forth certain procedures requiring regulations by this department. Unless these regulations are adopted on an emergency basis, there will be insufficient time to provide employers and employees criteria and procedures for reporting tips and gratuities as wages for the payroll periods of January and February 1978.

Therefore this regulation is adopted on an emergency basis to become effective upon filing with the Secretary of State.

67042 750 8-72 35M OSP

DO NOT WRITE IN THIS SPACE

Section 927.5 - 1 Tips are wages for Disability Insurance purposes only

(A) Exclusive of Section 927 of the Unemployment Insurance Code, cash tips and cash gratuities of $20 or more received by a worker from persons other than the employer during the course of employment shall be wages for Disability Insurance purposes.

Cash tips and cash gratuities also includes tips added to the bill of a charge customer at his/her request and distributed by the employer. However, tips added to a banquet bill or where the employer controls the amount of the tips and its distributions are not included in the definition of term tips as defined in Section 927.5 of the Code (Refer to Section 927-1)

(B) Each worker shall furnish a written statement to the employer reporting the tips received during a calendar month. The report is due by the 10th day of the month after the calendar month in which the tips were received.

The worker's statement may be a completed Federal Form 4070 or any form giving the following information:

1. Worker's name, address and Social Security Account Number.
2. Employer's name and address.
3. Calendar month covered by the statement.
4. Amount of the tips received
5. Date and signature of the worker.

The report should be prepared in duplicate and distributed as follows:

1. Original to the employer
2. Duplicate copy shall be dated and countersigned by the employer and returned to the worker for his record.

67042-750 8-72 35M OSP

Section 986.5 - 1 Basis for Employers to estimate tips received by workers

Employers may estimate the amount of tips received by a worker in accordance with Section 927.5 of the Code using the following criteria:

1. The customary percentage prevailing in the industry and used by a customer against the price of the goods or services rendered by the employee to determine the amount of the tips to be given to such employee.
2. Location of the business within the community.
3. Reasonably estimated average monetary value of the goods or services rendered.
4. Reasonably estimated average number of meals, sales or services rendered during the calendar month or the period for which the estimate of tips is being made.
5. Any other method that reasonably estimates the actual tips received by the worker.

The method or formula devised by the employer shall be in writing and made available to the worker concerned and to the Department on request.

At the end of each calendar quarter in which estimates are made, the employer will reconcile the estimate with the actual amount of tips reported by such worker and adjust any deficiency.

The actual amount of tips reported by the worker will be reflected in the contribution return filed for the quarter.

67042-750 8-72 35M OSP

Section 987.7-1 The statement to be prepared and given to the worker under the provisions of Section 987.7(b) of the UI Code shall contain the following information:

1. Worker's name, address and Social Security Account Number.
2. Employer's name or business name, address and the employer's account number assigned by this Department.
3. Calendar month or pay period covered by the statement.
4. Amount of the cash tips reported for the above period.
5. Total amount of other deductions and withholdings.
6. Total amount of the cash wages payable to the worker.
7. The excess amount due from the worker.
8. Date and signature of the employer.

The statement shall be in quadruplicate and distributed as follows:

1. Original and duplicate to the worker.
2. Triplicate to be attached to the Contribution Return DE 3.
3. Quadruplicate copy to be retained by the employer.

The duplicate copy shall be treated as a self-assessment and constitute a tax liability against the worker, when the worker signs and dates the statement form in acknowledgement of the amount due and sends the statement to the Department.

67042-750 8-72 35M OSP

CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

DO NOT WRITE IN THIS SPACE

These regulations do not mandate any county costs.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

31918-750 3-75 26M △ OSP

77-40

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
MAR 1 0 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
Code 11380.2)
MAR 1 0 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: February 15, 1978

By: Marion F. Wood
Director
(Title)

FILED
In the office of the Secretary of State
of the State of California
MAR 1 0 1978
At 10:40 o'clock A M.
MARCH FONG EU, Secretary of State
By Ophra Dudesh
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on June 1, 1978, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Section 63-4220
63-4221
63-4223
63-4224
63-4225
63-4243

ADOPT: Section 63-2053

These regulations are necessary to implement, interpret, and make specific the provisions of Welfare and Institutions Code Section 18901.

DO NOT WRITE IN THIS SPACE

63-2053 REFUNDS FOR UNUSED COUPONS 63-2053

The county welfare department will handle cases in which a household or its authorized representative returns unused food coupons to which the household was entitled, for refunding of the purchase requirement for the coupons in accordance with Manual Section 63-4220.

67042-750 8-72 35M OSP

63-4220 COUPON BOOKS RETURNED FOR REFUND 63-4220

Whenever a participating household voluntarily elects to terminate program participation and returns unused food coupons

it had purchased in accordance with the provisions set forth in these regulations, or, in the event of the death of the head of household, an authorized representative of the household or other claimants return any unused coupons to the county certifying agency, the county shall upon request complete the Form FNS-287 and make a refund available to the claimant. Such refund shall be provided on the same percentage of cash to coupons as was issued by the certifying agency (county welfare department) and handled in the following manner:

.1 Verify the documentation and the claimant's right to a refund, as provided in Sections 63-4221 and 63-4222.

.2 Prepare Form FNS-287, Request for Reimbursement or Notification of Return of Unused Food Coupons for Refund.

.3 Obtain basis of issuance (from records or certifying agency) and compute refund. If the basis of issuance cannot be determined, assume the coupons were issued during the most recent month of participation. Multiply the amount of the purchase requirement by the value of food coupons returned and divide the result by the value of the total coupon allotment.

63-4220 COUPON BOOKS RETURNED FOR REFUND (Continued) 63-4220

.3 (Continued)

Example:

Original Basis of Issuance

Purchase Requirement	Free Coupons (Bonus)	Value of Coupon Allotment
$10	$40	$50

Value of Returned Coupons with Request for Refund: $25

Computation Method: $\frac{10X25}{50}$ = $5 (cash refund due)

DO NOT WRITE IN THIS SPACE

67042-750 8-72 25M OSP

63-4220 COUPON BOOKS RETURNED FOR REFUND (Continued) 63-4220

.4 If the food coupons were obtained under more than one basis of issuance and it is possible to determine exactly which coupons were issued under each basis of issuance, compute refunds individually for each basis of issuance, as in .3 above. If it is not possible to determine exactly which coupons were issued under each basis of issuance, multiply the total of the purchase requirements by the amount of coupons returned and divide the result by the value of the total coupon allotments.

Example:

Original Basis of Issuance

Purchase Requirement	Free Coupons (Bonus)	Value of Coupon Allotment
$12	$ 80	$ 92
+10	+ 40	+ 50
$22	$120	$142

Value of Returned Coupons with Request for Refund: $100

Computation Method: $\frac{22 \times 100}{142}$ = $15.49 (cash refund due)

63-4220 COUPON BOOKS RETURNED FOR REFUND (Continued) 63-4220

.5 In cases where PAW participants including GA PAW participants return a complete coupon issuance (monthly allotment) for a refund, counties must make a direct refund to the claimant from their food stamp sale collections or from county funds, completing and submitting to FNS, Form DFA 304 (Report Record of PAW Return/Refund). See Section 63-4230 for detailed information on PAW-refunding.

.6 In all other cases, refunds to claimants for returned _____ coupons may be made (1) directly by the county from food stamp sales receipts or county funds or (2) by FNS on request from the county. The Form FNS-287, Request for Reimbursement or Notification of Return of Unused Food Coupons for Refunds, will be submitted in each case.

.7 All refund claims for unused coupons must be documented by a signed and dated Form FNS-287. The form must contain the claimant's typed or written (in ink) name, address and any additional statements or materials required in Sections 63-4221 and 63-4222.

DO NOT WRITE IN THIS SPACE

67042-750 8-72 35M OSP

63-4221 ORDER OF PRECEDENCE OF CLAIMANTS -- VOLUNTARY TERMINATION 63-4221

In the event of voluntary termination of participation in the program, and a household elects to return its unused coupons for refund, the refund request (FNS-287) may be submitted by claimants in the following order of precedence:

.1 The household member who applied for program participation, or his or her spouse.

.2 When the head of the household is incompetent, by a guardian, a close relative, or other individual who has assumed either partial or complete responsibility for the care and custody of the incompetent. The claimant's request shall describe the relationship between the claimant and the incompetent, and shall certify that the appointment of a legal representative is not contemplated and that the refund shall be used for the benefit of the incompetent.

.3 In any event, by the county, when the county public assistance agency has directly paid the purchase requirement. The request should certify that the county agency has directly paid the purchase requirement.

67042-750 8-72 25M OSP

63-4223 DIRECT REFUNDING BY COUNTY FOR RETURNED COUPONS 63-4223

.1 Refunds may be made to claimants from food stamp sale collections received over the counter, by direct mail, or by PAW withholdings, if available. These methods are not to be used by county welfare departments to reimburse themselves. The refunding office must:

.11 Verify the documentation and the claimant's right to a refund.

.12 Prepare Form FNS-287, Request for Reimbursement or Notification of Return of Unused Food Coupons for Refund. Indicate in Block 8 that refund is being paid from coupon collections.

.13 Obtain _____ basis of issuance (from records of certifying unit) and compute refund as described in Section 63-4220.3 and .4. Make the refund from collections received from food coupon sales and have the recipient receipt for the refund by signing Block 16 of Form FNS-287.

.14 In making refunds from collections received from the sale of food stamps an undercollection will result and will reduce the total deposit entered in line 33 of the Form FNS-250 Food Coupon Accountability Report. To adjust this, the amount of all refunds made during the month from food stamp sales receipts will be entered in line 22, "Cash Refunds," of the FNS-250 Report.

.15 Write or stamp "cancelled" across the face of the food coupons, hold until the FNS-250 for that month is completed and attach the cancelled food coupons and the original of Form FNS-287 to the FNS-250 for submittal to FNS, WRO.

.16 Retain documentation and the yellow copy of Form FNS-287 for audit purposes.

DO NOT WRITE IN THIS SPACE

67042-750 8 72 35M OSP

63-4223 DIRECT REFUNDING BY COUNTY FOR RETURNED COUPONS (Cont.) 63-4223

.2 In offices which do not have over-the-counter transactions or do not have collections from the sale of food stamps available, refunds may be made directly to claimants by county check. This method is not to be used by county welfare departments to reimburse themselves.

.21 Verify documentation and claimant's right to a refund as provided in Section 63-4221 and 63-4222.

.22 Prepare Form FNS-287, indicating in Block 8 that the refund was paid by county check or warrant.

.23 Obtain the basis of issuance and compute the refund as described in Section 63-4220.3 and .4.

.24 Make the refund with a check or warrant drawn on the county's funds and have the recipient receipt for the refund by signing Block 16 of the Form FNS-287.

.25 Write or stamp "cancelled" across the face of the food coupons _____ and forward them with the signed original of the Form FNS-287 to:

Director, Finance and Program
Accounting Division
Food and Nutrition Service, USDA
Box 23535, L'Enfant Plaza Station
Washington, D.C. 20024

The Finance and Program Accounting _____ Division will make reimbursement directly to the county making the refund to the recipient.

.26 Retain documentation and the yellow copy of the Form FNS-287 for audit purposes.

DO NOT WRITE IN THIS SPACE

67042-750 8-72 35M OSP

DO NOT WRITE IN THIS SPACE

63-4224 REFUNDING BY FNS TO COUNTY WELFARE DEPARTMENTS FOR RETURNED COUPONS 63-4224

The following method shall be used when refunds from FNS are requested by county public assistance agencies, and may be used in handling refunds to other claimants. For reimbursements to county welfare departments of PAW purchase requirements, see Section 63-4240. The county agency:

.1 Reviews the claim to insure that it is properly documented.

.2 Prepares Form FNS-287 including the claimant's name and address in Block 9 and check Block 10 indicating the amount to be refunded to the claimant.

.3 Obtains basis of issuance and computes refund using the above described formula.

.4 Write or stamp "cancelled" across the face of the food coupons and forward them, _____ along with any other supporting documents required, and the original Form FNS-287 to the Director, Finance and Program Accounting Division. A check will be sent directly to the claimant.

.5 Retain the yellow copy of Form FNS-287 and copies of the documentation for _____ county agency files for audit purposes.

63-4225 HANDLING UNUSED COUPONS WHEN NO REIMBURSEMENT IS REQUESTED 63-4225

Unused food coupons for which no refund is requested, i.e., unclaimed coupons and coupons returned because owner's identity or whereabouts is unknown (does not include nondelivered mail issuances) are to be handled as follows:

.1 Obtain a signed statement to the effect that no refund is requested or that the owner's identity or whereabouts is unknown.

.2 Complete Form FNS-287 indicating in Block 10 that coupons are being returned for accounting and disposition purposes only.

.3 Cancel food coupons _____ and forward them with the _____ original of the Form FNS-287 to the Finance and Program Accounting Division.

.4 Retain the yellow copy of Form FNS-287 and copies of the documentation for county agency files for audit purposes.

67042-750 8-72 35M OSP

63-4243 DOCUMENTATION 63-4243

The county welfare department shall document its claim by submitting to the Finance and Program Accounting Division-FNS, Washington, D.C. a transmittal letter with a detailed listing of undelivered or recovered coupons that have been returned to inventory. The listing shall contain the:

.1 Household name and case number.

.2 Determination of household's status as outlined in Section 63-4241, above.

.3 Value of coupon allotment and withheld purchase requirement.

.4 Office or county on whose Form FNS-250 report the return to inventory is shown. All requests for reimbursement must be supported by an entry on Form FNS-250.

DO NOT WRITE IN THIS SPACE

67042 750 8-72 35M OSP

Form 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following regulations are to be repealed on April 1, 1978, after their filing with the Secretary of State:

63-4235- Exhibit A
63-4235- Exhibit B
63-4245- Exhibit 63-4240

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because this regulation merely affirms for the State that which has been declared existing law or regulation through action by the Federal Government.

Approved:

Marion J. Woods

MARION J. WOODS, Director
Department of Benefit Payments

DO NOT WRITE IN THIS SPACE

67042-750 8-72 35M OSP

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
MAR 15 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
MAR 15 1978
Office of Administrative Hearings
DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: March 10, 1978

By: Mahon J. Mosh
Director
(Title)

FILED
In the office of the Secretary of State
of the State of California
MAR 15 1978
At 1:59 o'clock P.M.
MARCH FONG EU, Secretary of State
By Marjorie R. Hershberger
Deputy Secretary of State
DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on May 1, 1978, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Section 42-213.2s
44-111.3L
44-113.1e
46-315.1a
47-711.2
47-713.1e

ADOPT: Section 44-111.3m

These regulations implement, interpret, or make specific Welfare and Institutions Code Sections 10554 and 11009, and Government Code Section 13965.

DO NOT WRITE IN THIS SPACE

42-213 PROPERTY ITEMS TO BE EXCLUDED IN EVALUATING PROPERTY WHICH MAY BE RETAINED (Continued) 42-213

AFDC .2 Continued

s. Federal earned income tax credits (Public Law 95-30) are exempt as long as the monies retained are not commingled and can be separately identified as a proportionate share of the recipient's property. This exemption is effective until January 1, 1979.

44-111 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION AS INCOME (Continued) 44-111

AFDC .3 Continued

1. Special Tax Rebates and Credits

Tax rebates, credits or similar temporary tax relief measures which state law for APSB or federal law for AFDC specifically exclude from consideration as income are exempt.

(1) 1974 Income Tax Rebate (Public Law 94-12).

(2) $50 Lump Sum Cash Payment (Public Law 94-12).

(3) Federal earned income tax credit (Public Law 95-30). This exemption is effective until January 1, 1979.

The county welfare department shall retroactively reimburse the recipient when he/she notifies the county of an earned income credit received after July 1, 1976, for the taxable year 1975, if he/she either became ineligible or had his/her grant reduced as a result of receiving such payment. DBP will be notifying recipients of their possible eligibility for this reimbursement through an informational Medi-Cal stuffer.

The state shall promptly advise county welfare departments on the exempt status of other tax rebates and credits in each program and shall prescribe the method of notifying recipients. Recipients must cooperate with county personnel by providing necessary information or documentation such as Form W-2 and Form 1040 to compute the correct grant amount. This section does not apply to annual refunds of income tax which are net nonexempt income in the month received (see Section 44-113.8).

m. Payments received under the California Victims of Crimes Program are exempt.

44-113 NET INCOME (Continued) 44-113

AFDC .1 Continued

e. *Personal property (interest on money, stocks, bonds, etc.)* — *All interest received is net income.*

DO NOT WRITE IN THIS SPACE

67042-750 8-72 35M OSP

46-315 PAYMENTS EXCLUDED OR DISREGARDED IN CONSIDERING INCOME 46-315

In determining the eligibility for and amount of the SSP, certain payments received or portions thereof will not be counted as income to the individual and eligible spouse.

.1 Income Exclusions – General

The following items will be excluded from consideration as income:

a. Refunds, Credits and Rebates of Taxes

(1) Refunds of taxes paid on real property or purchased food received from any public agency, or renter's credit payments, or special tax credit payments for renters 62 years and older.

(2) Special Tax Rebates and Credits

Tax rebates, credits or similar temporary tax relief measures which state or federal law specifically exclude from consideration as income are exempt.

(a) 1974 Income Tax Rebate (Public Law 94-12).

(b) $50 Lump-Sum cash payment (Public Law 94-12).

(c) Federal earned income tax credit (Public Law 95-30). This exemption is effective until January 1, 1979.

DO NOT WRITE IN THIS SPACE

67042-780 8-72 35M OSP

47-711 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION AS INCOME (Continued) 47-711

APSB .2 Exemption of Payments from Public Sources

a. Relocation Assistance Benefits

A relocation assistance benefit, paid by a public agency to a public assistance recipient who has been relocated as a result of a program of area redevelopment, urban redevelopment, urban renewal, freeway construction or any other public development, involving demolition or condemnation of existing housing, is exempt income.

b. Federal Payments to Indians

(1) Payments received from the Federal Government under Public Law 90-507 are considered personal property rather than income. (See Section 47-413.215 for treatment.)

(2) Per capita payments made to Indians under Section 6 of Public Law 87-775 and Public Law 92-254 are exempt from consideration as either income or resources of the recipient.

(3) Shares of stock and money payments made to Alaskan Natives under the Alaskan Native Claims Settlement Act are exempt. Income resulting directly from stock investments under the Act are not exempt.

c. Compensation received by recipients 60 years old, or older, for volunteer services performed under the Retired Senior Volunteer Program, the Foster Grandparents Program or the Older Americans Community Service Program of the National Older Americans Act, is exempt.

d. Payments made under the Domestic Volunteer Services Act of 1973 to welfare recipients who are Vista Volunteers are exempt.

e. The value of supplemental food assistance received under the Child Nutrition Act (WIC) and the National School Lunch Act (Public Laws 92-433 and 93-150) is exempt.

f. Payments for supportive services or reimbursement of out-of-pocket expenses made to persons serving in the Service Corps of Retired Executives (SCORE) and the Active Corps of Executives (ACE) pursuant to Section 418 of Public Law 93-113 are exempt. (This exemption applies to all persons whose income is taken into account in determining the amount of an aid payment.)

g. Payments made for out-of-pocket expenses of persons serving on advisory group(s) set up by the Department of Benefit Payments and/or the Health and Welfare Agency are exempt.

h. Both renter's credit payments and the special tax credit payments for renters 62 years and older are considered personal property resources rather than income. (See Section 47-411.2, Property Included in Personal Property Reserve Limitations.)

Eligible renters may receive renter's credit payments and special tax credit payments from the California Franchise Tax Board.

i. Special Tax Rebates and Credits

Tax rebates, credits or similar temporary tax relief measures which state or federal law specifically exclude from consideration as income are exempt.

(1) 1974 Income Tax Rebate (Public Law 94-12).

(2) $50 Lump-Sum cash payment (Public Law 94-12).

The state shall promptly advise county welfare departments on the exempt status of other tax rebates and credits in each program and shall prescribe the method of notifying recipients. Recipients must cooperate with county personnel by providing necessary information or documentation such as Form W-2 and Form 1040 to compute the correct grant amount. This section does not apply to annual refunds of income tax which are net nonexempt income in the month received (see Section 47-713.5).

DO NOT WRITE IN THIS SPACE

67342-780 6 72 35M OSP

47-711 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION AS INCOME (Continued) 47-711

.2 Continued:

j. Payments received under the California Victims of Crimes Program are exempt.

47-713 NET INCOME (Continued) 47-713

.1 Continued

APSB

e. Personal property (interest on money, stocks, bonds, etc.)	*All interest received is net income.*

DO NOT WRITE IN THIS SPACE

67042-750 8 72 35M OSP

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

DO NOT WRITE IN THIS SPACE

These regulations do not mandate any costs on local government.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

67042-750 8-72 35M OSP

77-72

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

FILED
In the office of the Secretary of State of California
MAR 24 1978
At 10:13 o'clock A M.
MARCH FONG EU, Secretary of State
By Phen Deedesh
Deputy Secretary of State

March 20, 1978

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations (or order of repeal) filed with the Secretary of State on December 30, 1977, concerning Aiken v. Obledo, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By Marion J. Woods
MARION J. WOODS, Director

RECEIVED FOR FILING
MAR 24 1978
Office of Administrative Hearings

77-71

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

FILED
In the office of the Secretary of the State of California
MAR 24 1978
At 10:13 o'clock A M.
MARCH FONG EU, Secretary of State
By Phea Dudech
Deputy Secretary of State

March 20, 1978

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations (or order of repeal) filed with the Secretary of State on January 13, 1978, concerning Shelter Cost Deductions for Utilities, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By Marion J. Woods
MARION J. WOODS, Director

RECEIVED FOR FILING
MAR 24 1978
Office of Administrative Hearings

77-63

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

FILED
In the office of the Secretary of State
of the State of California

MAR 24 1978
At 10:13 o'clock A M.
MARCH FONG EU, Secretary of State
By [signature]
Deputy Secretary of State

March 20, 1978

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations (or order of repeal) filed with the Secretary of State of January 4, 1978, concerning Food Stamp Cost-of-Living Revisions, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By [signature]
MARION J. WOODS, Director

RECEIVED FOR FILING
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Office of Administrative Hearings

77-49

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
MAR 28 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
MAR 28 1978
Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: March 6, 1978

By: Marvin J. Wood
Director
(Title)

FILED
In the office of the Secretary of State of the State of California

MAR 28 1978
At 2:14 o'clock P M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421 (b) of the Government Code.

AMEND: Section 21-101
21-107
21-109
21-111.1
21-115
21-117.3
21-201.33
21-203.1
21-203.2
21-203.3

These regulations implement, interpret and make specific Welfare and Institutions Code Sections 10553, 10600, 10609 and 10613.

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CONTINUATION SHEET
FOR FILING ADMINSTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following facts constitute the emergency:

1. Public Law 93-112, the Rehabilitation Act of 1973 which was implemented by CFR 45 Part 84 which became effective June 3, 1977, provides that no qualified handicapped person shall on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from federal financial assistance.

2. Failure to adopt amendments to conform with federal regulations could produce a finding of non-compliance from HEW, resulting in fiscal sanctions.

3. In order to avoid such sanctions it is necessary to file these regulations on an emergency basis.

Therefore, the regulation changes set forth are adopted as emergency measures to become effective immediately upon filing with the Secretary of State.

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21-101 PURPOSE 21-101

The purpose of Division 21 is to effectuate provisions of Title VI and Title VII of the Civil Rights Act of 1964 and of Section 504 of the Rehabilitation Act of 1973, as amended, and other applicable federal and state law to ensure that employment opportunities and delivery of public assistance and social services are nondiscriminatory, and that no person shall on the grounds of race, color, national origin, political affiliation, religion, marital status, sex, or handicap be excluded from participation in or denied the benefits of any program or activity receiving federal or state financial aid.

21-107 DISSEMINATION OF INFORMATION 21-107

.1 General Requirements

Each agency shall take appropriate steps to notify applicants, recipients and other interested persons including those with impaired hearing or vision/or other disabling conditions of the provisions of this division and its applicability to the programs for which the agency receives federal or state financial assistance, and make such information available to them in whatever manner the Department of Benefit Payments finds necessary to apprise such persons of the protections against discrimination assured them by the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and by this division. Such notification shall also include an identification of the employee responsible for coordinating efforts to comply with this division.

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.2 Specific Methods to be Utilized

.21 Posters

.211 A poster on nondiscrimination supplied by the DBP is to be posted prominently in all waiting rooms. The county welfare department shall place on the poster the name of the person in the county welfare department responsible for discrimination complaints.

.212 All instructional and directional signs posted in the waiting areas and other places frequented by substantial numbers of non-English speaking applicants and recipients must be translated into the appropriate non-English language and where appropriate state that applicants or recipients whose primary language is other than English can request aid or services in their primary language (see definitions in Section 21-115.1).

.213 DBP posters will be distributed to church and community groups to be posted.

.22 Pamphlet

A pamphlet supplied by the DBP titled "Your Rights Under California Welfare Programs" shall be made available. Upon request this pamphlet will be available in Spanish to:

.221 Applicants for assistance or services.

.222 Recipients during annual reinvestigation of eligibility and in other appropriate circumstances.

.223 Any other person or organization in the community upon request.

.23 Other Methods of Communication

Additional literature, program information, forms, notices or material shall be provided in the language of non-English speaking applicants and recipients when determined necessary by the DBP.

.231 In serving applicants for or recipients of aid or services, agencies shall use the version of the form or written material which is in the individual's primary language.

.232 When critical forms or written materials are required to be sent to an applicant for or recipient of aid or services in a language other than English, and these contain blanks which are filled in with information which is peculiar to the individual, any filled in information shall also be translated into the applicant's or recipient's primary language.

.233 When televised public service announcements are used to disseminate information, captions should be provided for the deaf or hearing impaired.

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21-107 DISSEMINATION OF INFORMATION (Continued) 21-107

.3 Notice

The agency shall adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing or other disabling conditions can obtain information as to the existence and location of services, activities and facilities that are accessible to and usable by handicapped persons. See Section 21-115.24 and Section 21-115.3.

21-109 DISCRIMINATORY PRACTICES PROHIBITED 21-109

.1 General

No person shall on the ground of race, color, religion, political affiliation, national origin, marital status, sex, or handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity within the scope of these regulations. Methods of administration shall not be utilized which have the effect of subjecting individuals to discrimination or defeating or substantially impairing accomplishment of the objectives of these regulations.

.2 Specific Discriminatory Actions Prohibited

In administering any program to which this division applies, agencies may not directly or through contractual, licensing or other arrangements on the grounds of race, color, religion, political affiliation, national origin, marital status, sex, or handicap:

.21 Subject an individual to segregation or treatment which is different from others in determining admission, enrollment, quota, eligibility, membership or other requirements related to his or her receipt of any service, financial aid, or other benefit provided to others, unless separate or different services, aid or benefits to an individual are necessary to provide services, aid or benefits that are as effective as those provided others. For example: Auxiliary aids as provided in Section 21-115.3.

.22 Deny an individual an opportunity to participate in any program of public assistance, food stamps, medical eligibility, child support, support enforcement, and social services or be a member of an advisory board which is an integral part of the program, which is different from that afforded others.

.23 (Has been deleted.)

.24 (Has been deleted.)

.25 (Has been deleted.)

.26 (Has been deleted.)

.27 (Has been deleted.)

21-109 DISCRIMINATORY PRACTICES PROHIBITED (Continued) 21-109

.3 Employment Practices

To assure equality of opportunity to and nondiscriminatory treatment of applicants for and recipients of federally or state financed programs, discrimination on the grounds of race, color, religion, political affiliation, sex, marital status, national origin, or handicap in an agency's employment practices is prohibited to the extent that such practices tend to exclude individuals from participation in a program, deny them the receipt of benefits, or subject them to any other discriminatory practices. Hiring, compensation, and firing practices, which apply to both actual and potential employees, are among the employment practices subject to this requirement.

.31 County Civil Rights Plans

Each county welfare department shall prepare, annually, a Civil Rights plan in accordance with guidelines issued jointly by SDBP and Merit Systems Services of the State Personnel Board.

Each county welfare department Civil Rights Plan shall be designed to ensure compliance with Title VI and Title VII of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 as amended and other applicable federal and state laws.

Each county welfare department Civil Rights Plan shall consist of two sections:

(a) An Affirmative Action section to ensure nondiscrimination in the county welfare departments employment practices and provide equal employment opportunities for all employees;

(b) An equal delivery of services section to ensure that all applicants for and recipients of aid and service shall be treated equally without regard to race, color, national origin, religion, sex, marital status, political affiliation, or handicap. Agencies other than county welfare departments covered by these regulations must conform to Section 21-201.

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.4 Location of Facilities

In determining the site or location of a facility agencies shall not make selections which have the effect of excluding individuals from, denying them the benefits of, or subjecting them to discrimination under any programs to which this regulation applies or with the purpose or effect of defeating or substantially impairing the accomplishment of the objectives of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, or this division. The extent of present and potential welfare population and availability of public transportation must be considered with respect to possible discriminatory impact upon the delivery of services or assistance resulting from a proposed facility location. (See Division 24.)

.41 Community Impact

A determination shall be made of other alternative services that will remain in the immediate area after the facility is relocated, and the effects upon the community of the proposed change in location.

In some instances an existing facility does not serve or propose to serve a substantial number of persons residing in the community in which it is located. In these instances plans should be made to relocate the facility.

.42 Transportation

A determination shall be made of the mode of transportation used by the served population (buses, cabs, private automobile, etc.) and the measures being taken or which will be taken to assure the continuing availability of adequate services.

When certain portions or units of the total available services are relocated to a new facility beyond the present facility's program area, it is the responsibility of the county welfare department to assure that services in the relocated facility are provided to no less an extent and manner as were provided in the central facility.

.43 Discontinuance of Services

Agencies shall assure that under no circumstances is discrimination prohibited by this Division a factor in discontinuing services or relocating a facility.

.44 Volunteer Staff

Agencies shall ascertain the effects of relocating or opening a new facility on the department's ability to recruit volunteer staff who will be ethnically, culturally and linquistically representative of the welfare population.

.45 Hours or Days of Service

Agencies shall not establish hours or days of service which have the effect of limiting or excluding persons protected by these regulations from obtaining services provided to others.

.5 Exemptions

Exclusion of an individual from a program limited by federal law to persons of a particular race, color, handicap, or national origin (e.g., Cuban Refugee Services) shall not be considered discriminatory.

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21-111 AFFIRMATIVE ACTION GUIDELINES 21-111

.1 In administering programs agencies shall take positive steps to ensure that the delivery of public assistance, food stamps, Medi-Cal eligibility and social services is nondiscriminatory and equally available to all groups protected by these regulations. This requires an analysis of current facilities, policies, and practices to determine if any of these _____ may tend to impede availability or delivery of benefits. Whatever additional measures are necessary shall be taken to make benefits fully available to all persons, including special efforts to make program information more widely available to such persons. Special efforts may include but not be limited to alternate accessible facilities, teletypewriters, sign language interpreters, etc.

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21-115 PROVISIONS FOR SERVICES TO NON-ENGLISH SPEAKING AND HANDICAPPED APPLICANTS AND RECIPIENTS 21-115

.1 Agencies shall take such steps as are necessary to assure that a sufficient number of qualified bilingual employees are assigned to public contact positions. These employees shall have the language skills and cultural awareness necessary to communicate fully and effectively with and provide the same level of services to non-English speaking applicants/recipients as is provided to the welfare population at large.

A determination for each district office serving a substantial number (5 percent or more) of non-English speaking people shall be made of the number of public contact positions in a major occupational group to be staffed with qualified bilingual employeees in the following manner:

Multiply the percentage of non-English speaking recipients who are served by each public contact major occupational group times the total number of public contact positions in each public contact major occupational group. This computation shall be conducted on a semiannual basis.

Hence, a district office with 20 eligibility workers serving an area which has five percent of its recipients using Spanish as a primary language would use the following formula: 20 (public contact positions) x 5 percent (Spanish primary language cases) = 1 (qualified bilingual Spanish eligibility worker). Therefore, one is the minimum number of qualified bilingual eligibility workers for that public contact major occupational group. If the application of the formula results in a product less than one, the number will be rounded to one and if greater than one, it will be rounded to the nearest whole number. This formula should be applied to each public contact major occupational group.

.11 "Non-English speaking" persons are defined as those persons whose primary language is a language other than English. A primary language is that language most fluently spoken by the individual and which must be used in order to effectively communicate. This includes, but is not limited to, persons who use American sign language.

.12 "Public contact positions" include but are not limited to the following positions and activities, regardless of particular job classification or title: persons assigned to the front desk or registration counter to give directions or respond to direct public inquiries, telephone operators who answer the public telephone number, eligibility workers, eligibility supervisors, social service workers, social service practitioners, welfare service aides, vocational counselors, homemakers, investigators and interviewers.

.13 "Culturally aware" persons are those who by virtue of education and/or experience possess knowledge, familiarity and understanding of cultural environment, religious beliefs, family life, self-concepts, language and other traits of the population they are to serve to the extent necessary to effectively communicate and provide the same level of service being provided to the welfare population at large.

.14 "Substantial number of non-English speaking persons" is defined as five percent or greater of the applicants for and recipients of aid and services served by an office. Primary language groups shall be considered individually, rather than cumulatively, in determining this five percent figure.

.15 "Qualified Bilingual Employee" is defined as an employee who, in addition to possessing the necessary qualifications for the particular classification, is certified to be proficient in and will use oral and/or written communication in the non-English language of the persons to be served. A bilingual employee who refuses to utilize his or her bilingual skills in the performance of his or her job shall not be designated as a qualified bilingual employee.

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.16 "Handicapped person" is any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

.161 "Physical or mental impairment" means:

(a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, muscloskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine; or

(b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

.162 "Major life activities" include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

.163 "Has a record of such an impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

.164 "Is regarded as having an impairment" means:

(a) has a physical or mental impairment that does not substantially limit major life activities, but that is treated by the agency as constituting such a limitation;

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(b) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment; or

(c) has none of the impairments defined in paragraph .161 of this section but is treated by an agency as having such an impairment.

.2 Each agency shall examine its internal administrative practices to assure that these practices do not have the effect of denying non-English speaking persons equal access and equal participation in the available programs.

To the extent necessary to assure nondiscriminatory treatment of all program beneficiaries, the following corrective actions are among those which may be required, if administrative practices are found to be a major factor in limiting the participation of non-English speaking persons in federally or state funded welfare programs:

.21 Reassignment of current bilingual personnel to those public contact positions where the greatest need exists.

.22 Total or partial reassignment of non-English speaking cases to bilingual staff.

.23 Upward mobility and career development programs for currently employed bilingual staff.

.24 Use of qualified interpreters, temporarily until such time as qualified permanent staff can be employed, who have received sufficient training to have a basic understanding of program requirements.

.25 Language training programs for existing staff members for positions that require basic skills in a non-English language.

.26 Development of entry level professional classes which include language and cultural awareness as minimum requirements for the class.

.27 Filling vacancies with bilingual, culturally aware employees in sufficient number to provide aid and services for non-English speaking applicants and recipients.

.28 Establishment of a recruitment program that may include frequent use of non-English language media that has access to such county welfare departments' relevant labor market, contacts with local high schools and colleges, contacts with community groups with a substantial number of members who are bilingual in the language desired, out of area recruitment as needed, and any other method described in recruitment quidelines of Merit System Services Section of the State Personnel Board.

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21-115 PROVISIONS FOR SERVICES TO NON ENGLISH SPEAKING AND HANDICAPPED APPLICANTS AND RECIPIENTS (Continued) 21-115

.29 Qualified sign language interpreters for the deaf who have received sufficient training to have a basic understanding of program requirements shall be provided as necessary to ensure the equal delivery of services. (Community resources and volunteers may be used to meet the requirement of this provision.)

.30 Any other corrective action necessary to assure implementation of the requirements of this section.

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21-115 PROVISIONS FOR SERVICES TO NON ENGLISH SPEAKING AND HANDICAPPED APPLICANTS AND RECIPIENTS (Continued) 21-115

.3 Auxiliary Aids

An agency shall provide auxiliary aids to persons with impaired hearing, speech, vision or manual skills where necessary to afford such persons an equal opportunity to benefit from aids or services. Auxiliary aids may include brailled and taped material, interpreters, teletypewriting machines and other effective aids for persons with impaired hearing, speech, vision or manual skills. Compliance with this section can be accomplished through use of volunteer services from community organizations and persons.

.4 Program Accessibility

The agency shall operate each program so that the program when viewed in its entirety is readily accessible to handicapped persons. This does not require the agency to make each of its existing facilities or every part of a facility accessible to and usable by handicapped persons.

To comply with the above, the agency may reassign services to other social services at alternate accessible sites if the alternate site is reasonably convenient to the clients residence. An agency is not required to make structural changes in existing facilities unless other methods to make the program accessible fail. In choosing among available methods for meeting the requirement of this paragraph, the agency shall give priority to those methods that offer programs and activities to handicapped persons in the most integrated setting appropriate.

In the event that structural modifications are required, they shall conform with the "American National Standard Specifications for Making Building and Facilities Accessible to and Useable by the Physically Handicapped", published by the American National Standards Institute, Inc. (ANSI A117.1), or alternate accessibility standards approved by the Office of the State Architect, or is shown to provide equal access.

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21-115 PROVISIONS FOR SERVICES TO NON ENGLISH SPEAKING AND HANDICAPPED APPLICANTS AND RECIPIENTS (Continued) 21-115

.5 Self-Evaluation

Each county welfare department, with instructions and assistance provided by DBP, shall evaluate its practices and policies to ensure they do not discriminate on the basis of handicap. The self evaluations shall be completed by June 2, 1978.

.6 Section 21-115 is not to be interpreted as mandating the employment of additional staff. These requirements may be implemented by filling positions resulting from expansion, or made vacant by retirement and normal attrition.

.7 Contracts for the provision of aid or services to substantial numbers of non-English speaking and/or handicapped applicants or recipients shall require the contractor to implement _____ services in a method which is consistent with requirements of these regulations (see Section 21-201.2).

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21-117 STAFF DEVELOPMENT AND TRAINING 21-117

.1 The requirements of the Civil Rights Act, see 504 of the Rehabilitation Act of 1973, this regulation, the State of California Welfare Civil Rights Program, and the agency's own civil rights program must be incorporated into the content of the in-service or continuing training programs.

.2 Each induction or orientation program designed for the development of first-line supervisors shall have a module or section in which the above requirements are discussed. The DBP will provide program guidelines and technical assistance to achieve this purpose.

.3 Each county welfare department shall establish a multicultural awareness program for all employees which ensures that applicants for and recipients of aid or services will not be denied equal access to aid and services because of their different cultural background or physical or mental disability. The DBP shall provide technical assistance in developing the multicultural awareness programs. Multicultural awareness training shall pertain to specific cultural barriers in the welfare delivery system which may result in the unequal delivery of services. Religious beliefs, family life, environment, self-concepts, language and other traits of the population may be included in the training program.

.4 (Has been deleted.)

.5 The DBP shall prepare materials and provide technical assistance as necessary to train county trainers of investigators of recipient complaints (see Section 21-203). Additional training may be included as part of the agency's training plan.

.6 Merit Systems Services in cooperation with DBP shall insure that materials are prepared and technical assistance provided as necessary to train county trainers, or designated Equal Employment Opportunity counselors and Equal Employment Opportunity investigators of agency employee complaints.

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21-201 COMPLIANCE PROCEDURES AND REPORTING

.1 Compliance Reports

Each agency shall keep such records and submit to the DBP timely, complete and accurate compliance reports at such times and in such form and containing such information as the Department may determine to be necessary.

.2 Contractor and Vendor Compliance

Vendors, contractors, consultants and other providers of services who receive Federal or State funds through DBP or agencies covered by these regulations shall comply with nondiscrimination requirements of this division.

In addition, written assurances of nondiscrimination in employment practices shall be required. Discriminatory employment practices prohibited in Section 21-109.3 are fully applicable to all vendors, contractors, consultants, and other providers of services.

.3 Assignment of Resources to Implement Requirements of This Division

Responsibility for the implementation of nondiscrimination requirements must be centralized within each agency. Adequate personnel and resources must be allocated to implement the provisions of this division and effectuate its purpose of preventing discrimination in the delivery of services or assistance. Methods used to accomplish this end will vary from county to county and staff assigned these responsibilities may be members of an existing fair hearing, investigation, or other grievance and complaint unit. In determining if this has been accomplished, the following factors will be considered:

.31 Level and quantity of personnel assigned to activities related to this division.

.32 Comparison of workload, actual or anticipated, of the civil rights unit with the workload of other administrative units.

.33 Extent to which the existence of the civil rights unit has been publicized within the department and the extent to which its responsibilities are known to employees, applicants and recipients.

.34 Comparison of physical space and equipment assigned to civil rights personnel with that assigned to other offices of similar level in the department.

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21-203 APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT 21-203

An applicant/recipient or his/her representative may file a complaint about discriminatory treatment with the state or local agency involved or directly with the Federal Government, Department of Health, Education and Welfare (HEW). The complaint must be received not later than 180 days from the date of the alleged discriminatory act unless the filing date is extended by the Director, DBP or the responsible HEW official upon a showing of exceptional circumstances.

.1 Complainant's Right to a Fair Hearing

This regulation does not limit or restrict a complainant's right to request a Fair Hearing in accordance with Division 22. Should the complaint involve, in addition to allegations of discriminatory treatment, program issues that could properly be the subject of a Fair Hearing, it will be the agency's responsibility to advise the complainant of his/her right to a Fair Hearing and the necessity to request such a hearing within the one year prescribed in Section 22-009, in addition to the filing of a complaint of discriminatory treatment. The complainant shall also be advised of the ten day limitation for filing to receive aid paid pending.

.11 If an applicant/recipient complaint of discriminatory treatment is filed as a result of a notice of proposed adverse action resulting in a termination or reduction of aid, the county shall assure that the complainant is aware of his/her right to request a fair hearing on the issue of the termination or reduction of aid in addition to the complaint of discriminatory treatment.

.12 Should an applicant/recipient complaint of discriminatory treatment arise in the course of a Fair Hearing, the decision of the hearing shall, in addition to resolving other issues appropriately raised, remand the issue of discriminatory treatment to the agency to investigate the allegation of discrimination and prepare a report in accordance with this section (see Section 22-059.3).

The right to a fair hearing on an issue of applicant/recipient discriminatory treatment which has been remanded to an agency is reserved pending completion of the county investigation and report and any independent investigation by DBP.

.2 Procedures for Processing Complaints

All complaints of discriminatory treatment received by the Department of Benefit Payments will be referred to the appropriate agency for investigation, and every attempt will be made to resolve the matters complained about at the local level. The agency must acknowledge, in writing, receipt of the complaint to the complainant and inform the complainant that an investigation of the complaint will be conducted. Such notification shall take place within 10 calendar days after the complaint is received. The complainant must be notified within 30 calendar days after the complaint is received by the agency of the disposition of the case by the agency (see Section 21-203.5) and of the complainant's right to request, within 30 calendar days, an independent investigation and review by the DBP should the complainant remain dissatisfied with the decision of the agency. Within 30 calendar days after receipt of such a request, the DBP shall investigate the complaint and upon completion of such investigation attempt a resolution of the complainant's dissatisfaction by:

.21 Requesting the agency to alter its decision if the state's investigation indicates the county's decision was improper, and providing findings and reasons upon which this conclusion was based.

.22 Advising the complainant that the state's investigation indicates that the county decision was correct, and providing the findings and reasons upon which this conclusion is based. The complainant will be advised of his/her right to request the Federal Department of Health, Education, and Welfare (HEW) to make a further review which may include an independent investigation if the allegation of discrimination is based upon race, color, national origin, political affiliation, religion, marital status, sex, or handicap.

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21-203 APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued) 21-203

.3 Responsibility for Investigation

Agencies are responsible for investigating complaints of discrimination made by applicants and recipients of aid or services or by their authorized representatives including complaints which are originally referred from the DBP or HEW.

.31 In no case will an employee be assigned to investigate a complaint involving any action taken by him or her or by any county employee under his or her immediate supervision. The agency shall designate specific employees to act as investigators of complaints of discriminatory treatment.

.32 When a complaint of discrimination is received by the agency from an applicant/recipient, the following procedure shall be followed:

.321 Interview with Complainant

Arrangements shall be made for a personal interview with the complainant. The person assigned to investigate the case shall explain confidentiality requirements (see Section 21-203.7), make special provisions to insure that the complainant is able to communicate fully, including but not limited to the use of interpreters, readers, etc., and obtain the following information during the interview:

a. Complainant's name, case number, address, and telephone.

b. Name and location of the organization unit of the person who is alleged to have discriminated.

c. Nature of the action, decision, or conditions giving rise to the complaint.

d. Date and place of alleged discriminatory treatment.

e. Basis of alleged discrimination (race, color, sex, handicap, etc.)

f. Identity of the individual or individuals responsible for the action, decision, or condition alleged to be discriminatory.

g. Relief sought by the complainant.

h. Information known to the complainant in support of his or her allegation.

i. Identity of persons whom the complainant wishes to have interviewed as possible witnesses.

j. Other information essential to review of the specific issue giving rise to the complaint.

k. Any indications of reprisal, intimidation, or harassment as a result of the complaint.

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21-203 APPLICANT/RECIPIENT COMPLAINTS OF DISCRIMINATORY TREATMENT (Continued) 21-203

.322 Interview with the Official or Employee Alleged to have Acted in a Discriminatory Manner

When the official or employee is identified, the investigator should describe the nature of the complaint and the specific incident leading to the complaint, and identify the complainant. A statement should be taken which gives the facts, as the official or the employee knows them, concerning the issues giving rise to the complaint. The official or employee should be advised at the outset that his/her statements will be made available to the complainant as part of the agency's effort to resolve the issues in question or as part of the investigation. This initial interview with the official or employee should be used to obtain as much information as possible which will assist in the investigation.

.323 Review of Issues Specific to the Complaint

In reviewing the issues involved in the applicant/recipient complaint, the investigator shall:

a. Become familiar with DBP regulations affecting the issues in the complaint, including official interpretations by responsible personnel within the Department of Benefit Payments.

b. Review documents concerning the issues in the applicant/recipient complaint.

c. Interview witnesses suggested by the complainant or as may be indicated by surrounding circumstances or the nature of the allegation.

d. Review of case file.

e. Determine the number and identity of the cases that will be reviewed to compare the treatment of members of the same race, handicap or ethnic group, etc., with cases selected from the general welfare population.

.324 Investigation of the General Environment

In evaluating the general environment in which the allegedly discriminatory action occurred, the investigator shall:

a. Make a thorough survey of the treatment of recipients by the individual who allegedly discriminated and compare it with the treatment provided by other employees for a similar group of recipients.

b. Review a sufficient number of cases of the same ethnic, racial group, etc. from this individual's case file and compare their treatment with the treatment accorded to similar cases in the caseload.

c. Survey the actions and decisions of the department official to whom the employee who allegedly discriminated reports. In making a survey of the general environment in which the complaint arose it is important to collect sufficient data to detect discriminatory practices, and to record enough details to either facilitate corrective action or exonerate the officers or employees alleged to have discriminated.

DO NOT WRITE IN THIS SPACE

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because it merely affirms for the state that which has been declared existing law or regulation through action by the Federal government.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

CERTIFICATE OF COMPLIANCE

The Department of Benefit Payments hereby certifies that said agency complied with the provisions of Sections 11423, 11424, and 11425, Government Code, prior to the adoption of the emergency regulations attached hereto.

DEPARTMENT OF BENEFIT PAYMENTS

By
MARION J. WOODS, Director

78-10

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
APR 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.1)
APR 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: March 27, 1978

By: Mahlon J. Wood
Director
(Title)

FILED
In the office of the Secretary of State of the State of California
APR - 7 1978
At 9:36 o'clock 9 M.
MARCH FONG EU, Secretary of State
By Marjorie R. Berchberger
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

ADOPT: Chapter 50-008

These regulations are intended to implement, interpret and make specific the provisions of Welfare and Institutions Code Sections 18901 and 18914.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

The following facts constitute the emergency:

1. On December 27, 1977, the United States District Court for the Eastern District of California issued a court order in the case of Aiken v. Obledo requiring implementation of a Plan for awarding retroactive benefits for the period August 5, 1974 to the present.

2. On February 6, 1978, the U.S. Department of Agriculture (FNS) issued instructions which are designed to implement the Aiken v. Obledo court order.

3. FNS instructions which mandate compliance with the Aiken v. Obledo court order must be implemented by April 1, 1978.

4. The Plan for retroactive benefits requires notification of households potentially eligible for retroactive benefits, the delivery of retroactive benefits, and reports concerning the number of households that responded.

5. In order to ensure that retroactive benefits are delivered promptly to recipients in compliance with Federal law and the court order, it is necessary for these regulations to become effective immediately.

6. Adoption of these regulations is necessary for the immediate preservation of peace, health and safety, or general welfare.

Therefore, the regulations are adopted on an emergency basis to become effective upon filing with the Secretary of State.

50-008 AIKEN V. OBLEDO 50-008

On December 30, 1977, the Department of Benefit Payments filed emergency changes to State Food Stamp Regulations Sections 63-2314.1 and 63-2315. These regulations prohibit requiring a collateral contact before granting certification pending verification and limiting the number of times a household may be certified pending verification. These changes in the regulations were necessary to comply with Federal instructions and the court decision in the case of Aiken v. Obledo. The court decision and the Federal instructions also require that these changes be made retroactively.

The Department of Benefit Payments shall coordinate the distribution to the counties of English and Spanish posters and notices of entitlement which are to be received from the Food and Nutrition Service. Posters and notices will be provided in languages other than English and Spanish if more than five percent of a county's certified caseload has a primary language other than English and Spanish. The notices shall be distributed to all currently participating households following the procedures listed in 50-008.2 below. The Department of Benefit Payments shall also 1.) release the notices of entitlement and posters provided by the Food and Nutrition Service to the news media in all languages prescribed by state law, 2.) provide notices to local community action programs, general assistance agencies, legal services programs, the Employment Development Department offices, and all other groups listed in the state's outreach plan and 3.) report to the Food and Nutrition Service all items requested on the federal report.

If the household was or would have been eligible at zero purchase level, the county will restore any benefit the household would have received in the month the application was filed, or if the date of the initial contact is known, in the month an initial contact was made. The date of application shall be defined as the date of contact. The following provisions shall be met:

.1 Eligibility for retroactive benefits under the Aiken v. Obledo court order and these regulations, is limited to households who on or after August 5, 1974, were found ineligible or did not apply for benefits due to the collateral contact or once in six-months requirements for certification pending verification and who had no income or income so low that it would not have been assigned a purchase requirement.

.2 Counties shall notify all currently participating households which may be entitled to retroactive benefits because they were denied, delayed, or did not apply for food stamps on or after August 5, 1974 because a collateral contact was required in order for the household to be certified pending verification, or because the household had been certified once in a six-month period using the certification pending verification procedure. Notification to the currently participating households in the Food Stamp Program shall be provided by the county either by mailing the notice concurrently with their ATP cards in ATP counties, with the Mail Issuance Request Form DFA 301 in nonATP card counties, or by handing the notice to currently participating households for three consecutive months in HIR counties when they purchase food stamps over-the-counter. Notice shall be provided in the first issuance cycle not later than 30 days of the effective date of these regulations.

.3 Notice to households not presently participating but which may be eligible for retroactive benefits because they participated or applied for participation on or after August 5, 1974, shall be provided by the county through the news media, utilizing notices provided by DBP. DBP shall issue news media notices to the county upon filing of these regulations. News media notices shall be distributed by the county immediately upon receipt from DBP.

.4 Posters prepared by USDA concerning the availability of retroactive benefits shall be displayed in each welfare, food stamps, and issuance office. Such posters shall be displayed for not less than six (6) months from the day they are received by the county. Posters in languages other than English and Spanish will be necessary if more than five percent of a county's certified food stamp caseload has a primary language other than English and Spanish.

.5 Households are required to request and fill out the application form (Exhibit A) provided by the Department of Benefit Payments in order to receive retroactive benefits. If the information contained on the application is questionable or incomplete the household will be required to sign an affidavit (Exhibit B) under penalty of perjury (see Section 50-008.52).

.51 The application format has been developed for use in determining the eligibility and level of participation of households which were found ineligible or did not apply on or after August 5, 1974 due to the collateral contact or once in six-months requirements for certification pending verification. This application must be used in all cases in which retroactive benefits are requested whether or not the applicant household is currently participating in the Food Stamp Program. A separate application must be completed for each month in which retroactive benefits are claimed. Households which participated in the Food Stamp Program during any month for which they are now applying for retroactive benefits are not eligible for retroactive benefits for that month. The purpose of the application is to determine household eligibility for retroactive benefits and what the coupon allotment should have been had the recipient been participating. The household shall provide on the application its income, deductions, and resources for each month that the household makes application for retroactive benefits

Retroactive benefits will be credited to the household and made available in accordance with Sections 50-008 .61 and .62 , as applicable. The county may spot-check the applications and any available records for veracity. Only the attached format (Section 50-008, Exhibit A) may serve as the application.

.52 The household shall be requested to verify all information regarding income, expenses and deductions on the application form. Verification of the household's income for the month for which retroactive benefits are being requested shall be accomplished through casefile review whenever possible. The county welfare department shall assist the household in obtaining the necessary verification.

If the household cannot provide verification or if the county determines that the verification is inadequate, the household shall be offered an opportunity to file an affidavit (Exhibit B) under penalty of perjury as to those facts which remain insufficiently verified. If the application and/or affidavit is unclear, incomplete, inconsistent, or questionable retroactive aid shall be denied.

.6 Retroactive benefits shall be provided to households eligible for such benefits as follows:

.61 Counties shall provide retroactive benefits in the form of a credit to all currently participating households which may be entitled to the credit if an application was denied, delayed, or never made because a collateral contact was required in order for a household to be certified pending verification and/or because the household had been certified once in a six-month period using the certification pending verification procedure on or after August 5, 1974. Counties will grant the credit to these households by using the purchase requirement tables which correspond to the retroactive period being reviewed and by implementing the following procedures:

50-008 AIKEN V. OBLEDO (Continued) 50-008

.611 Any household whose application was denied, delayed or never made and who currently participates with a purchase requirement will receive the full month coupon allotment to which it is entitled at a zero purchase requirement until the credit due is exhausted. After the credit is exhausted, the household will be granted benefits according to normal certification procedures.

EXAMPLE 1

A single-person household with a current purchase requirement of $24 for $52 worth of stamps is owed a credit of $42.

The usual one-person household allotment of $52 in stamps would be issued in the first month with a zero purchase requirement, thereby providing a benefit of $24. During the second month, the household would receive a $52 allotment with a purchase requirement of $6 because $18 of the $42 credit remains to be awarded that month. During the third month, the purchase requirement would be re-established according to normal certification procedures ($24 for $52 in Food Stamps).

.611 Continued

EXAMPLE 2

A single-person household with a current purchase requirement of $24 for $52 worth of stamps is owed a credit of $21. $52 worth of stamps would be issued with a $3 purchase requirement. After the credit is exhausted the purchase requirement would be re-established according to normal certification procedures ($24 for $52 in food stamps).

.612 Any household whose application was denied, delayed, or never made and who currently participates with a zero purchase requirement will receive 150 percent of the coupon allotment to which it is currently entitled until the credit is exhausted. After the credit is exhausted, the household will be provided benefits according to normal certification procedures.

EXAMPLE 1

A single-person household which is eligible for $52 in food stamps with a zero purchase requirement is owed a credit of $46. $78 in stamps would be issued in the first month (a $52 entitlement plus $26 in retroactive benefits). During the second month, the household, still at zero purchase, would be issued $72 in stamps (a $52 entitlement plus $20 in retroactive benefits). The following month benefits would be issued according to normal certification procedures.

.612 Continued

EXAMPLE 2

A single-person household which is eligible for $52 in food stamps at zero purchase is owed a credit of $21. It would be issued $73 in stamps (a $52 entitlement plus $21 in retroactive benefits). The following month benefits would be issued according to normal certification procedures.

.62 Any household whose application was denied, delayed or never made, and who is not currently eligible for participation in the Food Stamp Program will receive the full month's coupon allotment to which they would have been entitled. The credit will be made with a zero purchase requirement. When the total amount of retroactive benefits has been restored, such households will be discontinued from the program if they are still ineligible.

EXAMPLE 1

A single-person household is owed a credit of $33. It would be issued $33 worth of food stamps with a zero purchase requirement and would then be discontinued from the program.

EXAMPLE 2

A single-person household is owed a credit of $55. During the first month, it would be issued $52 worth of food stamps with a zero purchase requirement. During the second month, it would be issued the remaining $3 of its credit with a zero purchase requirement and would then be discontinued from the program.

.63 Households which were determined to have been ineligible for food stamps during a month for which retroactive benefits have been requested under the Aiken v. Obledo court order shall not be eligible for retroactive benefits under the provisions of Section 50-008 for that certification period.

.64 If the household no longer resides in the county where the denial, delay, or failure to apply occurred and requests retroactive benefits under the court order, the county where the household is currently residing shall contact the household's former county in order to ascertain the household's eligibility for retroactive benefits. If the household is entitled to retroactive benefits, the current county shall request that the former county submit a completed Form FNS 286 which contains information on the amount of lost benefits the household is entitled to receive. In the event retroactive benefits are denied by the household's former county, the household may request a fair hearing in the household's current county.

.65 Counties shall notify households of the approval or denial action (Form DFA 377.1) taken on their requests for retroactive benefits within 30 days from the date the household submits a signed application under penalty of perjury.

.651 The notice of approval of benefits shall indicate: (a) the total amount of benefits granted, (b) the period of time over which such benefits shall be issued, and (c) the right to request a fair hearing concerning the amount of retroactive benefits determined by the county.

.66 A Notice of Intended Action and Right to Request a Fair Hearing form (DFA 377.1) shall be completed if retroactive benefits are denied. The box "Other" on form DFA 377.1 will be marked. An explanation of "Other" shall be provided in the space next to the marked box by stating Aiken v. Obledo (application for retroactive benefits) and the reason for the denial.

.67 Each county shall submit a report form Temp 1191 (Exhibit C) providing monthly statistical information concerning the impact of the Aiken v. Obledo court decision.

.671 Form Temp 1191 shall be submitted monthly on or before the 20th calender day of the month following the report month.

.672 Prepare an original and one copy of form Temp 1191 for submission of the original to:

Department of Benefit Payments
Data Management and Analysis Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814

Retain the copy for county files.

DO NOT WRITE IN THIS SPACE

EXHIBIT A

State of California - Health and Welfare Agency Department of Benefit Payments

APPLICATION FOR RETROACTIVE BENEFITS UNDER AIKEN VS. OBLEDO

1. "X" one of the following:

___ I believe my food stamp benefits were delayed because I did not get my free stamps in the same month I applied.

___ Because I thought there would be difficulty or delay in obtaining verification of my need for free food stamps, I did not apply or applied but did not follow up on my application. Therefore, I believe my food stamp benefits were denied.

I understand I will be entitled to retroactive benefits only if I was eligible for free food stamps at the time my benefits were denied or delayed.

Documentation that verifies the amount of the retroactive benefit should be attached to this application if available.

A different application must be completed for each month in which retroactive benefits are claimed.

CASE NUMBER _____

1. HEAD OF HOUSEHOLD _____

2. SOCIAL SECURITY NUMBER _____ 3. PHONE NUMBER _____

4. RESIDENCE ADDRESS _____

5. MAILING ADDRESS _____

6. DIRECTIONS TO HOME _____

7. PERIOD APPLICABLE TO THIS APPLICATION (AFTER AUGUST 5, 1974) _____

_____

TO _____

8. LIST ALL HOUSEHOLD MEMBERS EXCEPT ROOMERS, BOARDERS, AND LIVE-IN ATTENDANTS:

	Name	Birthdate	Relationship
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

50-008 AIKEN V. OBLEDO (Continued) 50-008
Exhibit A Continued

9. RESOURCES: LIST BELOW THE RESOURCES OWNED BY HEAD OF HOUSEHOLD AND ANY OTHER HOUSEHOLD MEMBER. RESOURCES INCLUDE CASH, PROPERTY, ETC. THE RESOURCES MUST HAVE BEEN OWNED DURING THE PERIOD FOR WHICH THIS APPLICATION IS BEING COMPLETED

Name	Resources	Value	Property

10. INCOME: INCOME INCLUDES, BUT IS NOT LIMITED TO, PUBLIC OR GENERAL ASSISTANCE PAYMENTS, PENSION PAYMENTS, CASH GIFTS, AWARDS AND PRIZES, SELF-EMPLOYMENT INCOME, WAGES, DIVIDENDS AND INTEREST, ALIMONY, FARM INCOME, SCHOLARSHIPS, EDUCATIONAL LOANS, ETC.

Name	Source of Income	Gross Amount	Taxes	Deductions Soc. Sec.	Other

11. DEDUCTIONS - MONTHLY

a. Shelter Expenses

(1) RENT _____

(2) HEATING AND COOKING FUEL _____

(3) ELECTRICITY _____

(4) TELEPHONE _____

(5) WATER _____

(6) SEWAGE DISPOSAL FEES _____

DO NOT WRITE IN THIS SPACE

50-008 AIKEN V. OBLEDO (Continued) 50-008
Exhibit A Continued

(7) PROPERTY TAXES _____

(8) HOUSE INSURANCE _____

(9) SPECIAL ASSESSMENTS _____

(10) TOTAL _____

b. Medical Expenses

(1) PHYSICIAN & DENTAL SERVICES _____

(2) HOSPITAL OR NURSING CARE _____

(3) HEALTH INSURANCE/MEDICARE _____

(4) PRESCRIPTION DRUGS _____

(5) OTHERS (specify) _____

c. Other

(1) TUITION AND MANDATORY FEES _____

(2) CHILD CARE _____

(3) COURT ORDER CHILD SUPPORT OR ALIMONY _____

(4) REPLACEMENT OR REPAIR OF PROPERTY DAMAGED OR LOST THROUGH UNUSUAL CIRCUMSTANCES _____

(5) FUNERAL EXPENSES _____

(6) TOTAL _____

CERTIFICATION:

I CERTIFY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME (OR READ TO ME) AND THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO COOPERATE FULLY WITH THE STATE AND FEDERAL PERSONNEL IN A QUALITY CONTROL REVIEW. I ALSO AGREE TO PROVIDE THE COUNTY FOOD STAMP OFFICE INFORMATION NECESSARY TO VERIFY ANY STATEMENTS GIVEN IN THIS APPLICATION AND HEREBY GIVE PERMISSION TO OBTAIN SUCH INFORMATION

_____

DO NOT WRITE IN THIS SPACE

50-008 AIKEN V. OBLEDO (Continued) 50-008
Exhibit A Continued

NONDISCRIMINATION - THIS APPLICATION WILL BE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, OR POLITICAL BELIEF.

I UNDERSTAND THAT I HAVE A RIGHT TO A HEARING IF I AM NOT SATISFIED WITH THE ACTION TAKEN ON MY APPLICATION BY THE FOOD STAMP OFFICE.

BEFORE YOU SIGN YOUR NAME GO BACK AND CHECK TO SEE THAT EACH ITEM THAT APPLIES TO YOUR HOUSEHOLD HAS BEEN ANSWERED CORRECTLY.

PENALTIES FOR FRAUD: THE STATE AND FEDERAL LAW PROVIDES PENALTIES INCLUDING A FINE, IMPRISONMENT, OR BOTH FOR PERSONS FOUND GUILTY OF OBTAINING FOOD STAMPS FOR WHICH THEY ARE NOT ELIGIBLE BY MAKING FALSE STATEMENTS.

ANYONE WHO AIDS ANOTHER PERSON TO OBTAIN FOOD STAMPS FRAUDULENTLY IS SUBJECT TO THE SAME PENALTIES.

_____
Signature (Head of Household) or Authorized Representative

Page 4 of 4

DO NOT WRITE IN THIS SPACE

EXHIBIT B

State of California - Health and Welfare Agency Department of Benefit Payments

AFFIDAVIT FOR RETROACTIVE BENEFITS UNDER THE AIKEN VS. OBLEDO COURT CASE

I hereby certify, under penalty of perjury, and/or fraud, that the facts stated on my application for retroactive benefits under the Aiken vs. Obledo court decision and the facts listed below are correct.

The unverifiable and/or incomplete facts listed on my application which must be used to determine my eligibility are as follows:

_____

_____

_____

_____

I understand that any unauthorized use, transfer, acquisition, possession, or presentation of food coupons may subject me to legal prosecution. I give permission for you to verify my household situation and my financial circumstances.

Date _____ Signature of Applicant or Authorized Representative _____

Signature of Eligibility Worker _____

TEMP 1195 (3/73)

DO NOT WRITE IN THIS SPACE

EXHIBIT C

State of California - Health and Welfare Agency — Department of Benefit Payments

Aiken vs. Obledo

RETROACTIVE BENEFIT STATISTICAL REPORT

(Temporary)

IMMEDIATE NEED FOOD STAMPS

Send one copy to:
Data Management and Analysis Bureau
Department of Benefit Payments
744 P Street, Mail Station 12-81
Sacramento, California 95814

County	For the month of , 19

Item	Number
1. Contacts in response to notices of entitlement	
2. Applications pending from last month (Item 6 last month, or explain.)	
3. Applications received during the month	
4. Total applications on hand during the month (Sum of 2 and 3)	
5. Applications disposed of during the month (Sum of a and b, below)	
a. Approved	
b. Denied	
6. Applications pending at end of the month (4 minus 5)	
7. Affidavits signed under penalty of law during the month.	
8. Total amount of retroactive benefits authorized during the month	$

Comments

Person to contact regarding this form.	Telephone ( )	Date

TEMP 1191 (3/78)

Ref: 26-328

DO NOT WRITE IN THIS SPACE

AIKEN vs. OBLEDO

RETROACTIVE BENEFIT REPORT - IMMEDIATE NEED FOOD STAMPS
(Form Temp 1191)

CONTENT

This report provides monthly statistical information concerning the impact of the Aiken vs. Obledo court decision. This decision made retroactive benefits for immediate need food stamps available to those households adversely affected by the following regulation which was invalidated by the court.

Div. 63 63-2315.
This regulation required one collateral contact to confirm the applicant's statements when immediate need certification was done pending verification. Also, this regulation limited the use of the certification pending verification procedure to once in a six-month period.

PURPOSE

The data collection is necessary to comply with the court order in the Aiken vs. Obledo decision.

DISTRIBUTION OF REPORTED INFORMATION

Data from this report will be compiled and released for distribution to the Food and Nutrition Service (FNS) as required by court order. The report will also be made available to program managers, county welfare departments, and other interested agencies and individuals.

DUE DATE

The report is to be received monthly on or before the 20th calendar day of the month following the report month. Please retain one copy for county files. Send one copy to:

Department of Benefit Payments
Data Management and Analysis Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814

DEFINITIONS

Application (See Items 2-6 on the report form.)

Refers to the Application for Retroactive Benefits under Aiken vs. Obledo (Form TEMP 1194). Ref: Div. 50-008, Exhibit A.

Notices of Entitlement (See Item 1 on the report form.)

Refers to:
1. Stuffers included in the April 1978 ATP card mailing;
2. Handouts distributed at food stamp issuance offices;
3. Posters displayed in welfare and food stamp offices; and,
4. Information disseminated through the media and food stamp outreach offices.

Retroactive Benefits (See Item 8 on the report form.)

Applies only to cases determined eligible for immediate need food stamp retroactive benefits as a result of the Aiken vs. Obledo decision. All other types of retroactive adjustments should not be included in the report data.

Affidavits Signed Under Penalty of Law (See Item 7 on the report form.)

Households have the opportunity to sign an Affidavit for Retroactive Benefits Under Aiken vs. Obledo (Form TEMP 1195) if they cannot provide verification of income or if the state agency determines the verification is inadequate. Ref.: Div. 50-008, Exhibit B.

INSTRUCTIONS

1. Contacts in response to notices of entitlement. Enter the number of verbal and written inquiries made to the county concerning retroactive benefits resulting from the Aiken vs. Obledo court decision.

2. Applications pending from last month. Enter the number of applications for retroactive benefits pending from last month. The count should equal Item 6 of the previous month's report or explain in the comments section.

3. Applications received during the month. Enter the number of households which signed new applications for retroactive benefits (Form TEMP 1194) during the report month.

4. Total applications on hand during the month. Enter the sum of Item 2 and Item 3.

5. Applications disposed of during the month. Enter the sum of Item 5a and 5b.

   a. Approved - Enter the number of applications for retroactive benefits approved during the report month.

   b. Denied - Enter the number of applications for retroactive benefits denied by county action during the report month.

6. Applications pending at end of the month. Enter the number of applications pending at the end of the month. Entry should equal the difference between Item 4 and Item 5.

7. Affidavits signed under penalty of law. Enter the number of households who signed an Affidavit for Retoractive Benefits Under Aiken vs. Obledo (Form TEMP 1195) for purposes of income verification.

8. Total amount of retroactive benefits authorized during the month. Enter the total amount of retroactive benefits (bonus value) authorized during the report month. Include any authorizations resulting from fair hearings.

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because the regulations are necessary to comply with FNS Instructions issued as a result of the court order.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

DO NOT WRITE IN THIS SPACE

77-61

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

FILED
in the office of the Secretary of State
of the State of California

APR 13 1978
At 2:13 o'clock P M.
MARCH FONG EU, Secretary of State
By Marjorie R. Hershberger
Deputy Secretary of State

April 11, 1978

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations (or order of repeal) filed with the Secretary of State on December 28, 1977, concerning Recurring Special Needs, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By Marion J. Woods
MARION J. WOODS, Director

RECEIVED FOR FILING
APR 1 1978
Office of Administrative Hearings

77-15

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

FILED
In the office of the Secretary of State
of the State of California

APR 13 1978
At 2:13 o'clock P M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

April 11, 1978

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations filed with the Secretary of State on January 19, 1978, concerning Voter Registration/Aid Paid Pending, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By Marion J. Woods
MARION J. WOODS, Director

RECEIVED FOR FILING
APR 1 1978
Office of Administrative Hearings

77-57

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

April 11, 1978

FILED
.. the office of the Secretary of State
of the State of California

APR 1 1978
At 2:13 o'clock P.M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations filed with the Secretary of State on December 28, 1977, concerning Guide Dog Allowance Increase, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By Marion J. Woods
MARION J. WOODS, Director

RECEIVED FOR FILING
APR 1 1978
Office of Administrative Hearings

75-80

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
APR 1 . 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
APR 1 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: April 17, 1978

By: Mahan J. Woods

Director
(Title)

FILED
In the office of the Secretary of State
of the State of California

APR 18 1978
At 2:13 o'clock P.M.
MARCH FONG EU, Secretary of State
By Maxine Rosenberg
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on June 1, 1978, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

REPEAL: CHAPTER 11-700

AMEND: Section 47-731.142c

DO NOT WRITE IN THIS SPACE

.142 Continued

c. Any balance, up to one-half of the total net income, shall be allocated to the recipient.

(1) Applicable when APSB recipient's spouse is the wife.

The amount of allocation from community income of the ineligible spouse is measured by the scale set forth below:

CONTRIBUTION SCALE

A If wife is 60 years old or older and adjusted gross monthly income is:	B If wife is under 60 years old and and adjusted gross monthly income is:	C Then net monthly income is:	D Maximum required monthly contribution if number of persons dependent upon income is:					
			1	2	3	4	5	6 or more
$ 0. – 801.99	$ 0. – 534.66	$ 400 or under	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
802.00 – 901.99	534.67 – 601.33	401 – 450	5	0	0	0	0	0
902.00 – 1,001.99	601.34 – 667.99	451 – 500	10	0	0	0	0	0
1,002.00 – 1,101.99	668.00 – 734.66	501 – 550	15	0	0	0	0	0
1,102.00 – 1,201.99	734.67 – 801.33	551 – 600	20	0	0	0	0	0
1,202.00 – 1,301.99	801.34 – 867.99	601 – 650	25	5	0	0	0	0
1,302.00 – 1,401.99	868.00 – 934.66	651 – 700	30	10	0	0	0	0
1,402.00 – 1,501.99	934.67 – 1,001.33	701 – 750	35	15	0	0	0	0
1,502.00 – 1,601.99	1,001.34 – 1,067.99	751 – 800	40	20	0	0	0	0
1,602.00 – 1,701.99	1,068.00 – 1,134.66	801 – 850	45	25	5	0	0	0
1,702.00 – 1,801.99	1,134.67 – 1,201.33	851 – 900	50	30	10	0	0	0
1,802.00 – 1,901.99	1,201.34 – 1,267.99	901 – 950	55	35	15	0	0	0
1,902.00 – 2,001.99	1,268.00 – 1,334.66	951 – 1,000	60	40	20	0	0	0
2,002.00 – 2,051.99	1,334.67 – 1,367.99	1,001 – 1,025	65	45	25	5	0	0
2,052.00 – 2,101.99	1,368.00 – 1,401.33	1,026 – 1,050	70	50	30	10	0	0
2,102.00 – 2,151.99	1,401.34 – 1,434.66	1,051 – 1,075	75	55	35	15	0	0
2,152.00 – 2,201.99	1,434.67 – 1,467.99	1,076 – 1,100	80	60	40	20	0	0
2,202.00 – 2,251.99	1,468.00 – 1,501.33	1,101 – 1,125	85	65	45	25	5	0
2,252.00 – 2,301.99	1,501.34 – 1,534.66	1,126 – 1,150	90	70	50	30	10	0
2,302.00 – 2,351.99	1,534.67 – 1,567.99	1,151 – 1,175	95	75	55	35	15	0
2,352.00 – 2,401.99	1,568.00 – 1,601.33	1,176 – 1,200	100	80	60	40	20	0
2,402.00 – 2,451.99	1,601.34 – 1,634.66	1,201 – 1,225	105	85	65	45	25	5

(2) Separate income of spouse of APSB recipient.

Separate income of the ineligible spouse of a recipient is income to the recipient only to the extent that there is a voluntary contribution of such income. When the ineligible spouse has both separate and community income, it is proper to apply the separate income to his support first. However, when community income of the ineligible spouse is less than $200 net a month no allocation to the recipient from such income shall be made.

STD. 400A (8-71)

CONTINUATION SHEET

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

DO NOT WRITE IN THIS SPACE

The following regulation is to be repealed on June 1, 1978, after its filing with the Secretary of State:

Chapter 11-700 (Responsible Relatives)

This regulation change will not result in additional costs.

Approved:

Marion J. Woods

MARION J. WOODS, Director
Department of Benefit Payments

17-65

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
APR 2 7 1978
Office of Administrative Hearings
ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.5)
APR 2 7 1978
Office of Administrative Hearings
DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: April 25, 1978

By: Marvin J. Wook

Director
(Title)

FILED
In the office of the Secretary of State of the State of California

APR 27 1978
At 1:49 o'clock P. M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State
DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on July 1, 1978, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Section 63-8002.3

These regulations are necessary to implement, interpret, and make specific the provisions of Welfare and Institutions Code Section 18902.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

63-8002 COUNTY OUTREACH RESPONSIBILITIES 63-8002

.1 The county shall designate an employee to serve as outreach coordinator for the county. This person will be responsible for liaison with state outreach staff or their contracted agents. The county outreach coordinator shall meet with state outreach staff or their contracted agents at least once monthly to discuss outreach projects which will impact the county and to discuss any problems brought forth by state outreach staff or their contracted agents with regard to measures to ensure participation.

.2 The county shall submit the DFA 433, Monthly Report on Food Stamp Outreach Program, to the State Outreach Coordinator on a monthly basis. The DFA 433 must be submitted on or before the twentieth day following the reporting month.

.3 (Has been deleted.)

.4 The county shall ask new applicants if they have been prescreened by the State-contracted agent. If applicants answer affirmatively, then the county shall ask them for the first three copies of the FSOP-1, Food Stamp Outreach Referral Form, that were given them by the State agent. If the applicant fails to submit the forms, the county shall not delay processing his or her application for this reason. If the applicant does submit the form, the county shall, upon completion of eligibility determination, record the disposition of the application by checking the appropriate box(es) in Part III (Status of the Application) of the "County Use Only" section, indicating whether the application was approved, or denied and why denied, or withdrawn, cancelled, or the applicant was already receiving food coupons. The county shall then hold one copy of each completed form for pickup on a monthly basis by the State-contracted agent. The second copy of each form shall be sent to the State Outreach Coordinator, DBP, on a monthly basis by the 10th of each month; however, if this procedure is unduly inconvenient for the county, both copies may be held for pickup by the contracted agent. Where the county has more than one State-contracted agent, each county district office shall provide the completed forms to the agent designated for the district. The third copy of the form is for county use.

.5 Counties may, at their option, undertake an ongoing program or perform periodic projects to inform low-income households of the availability and benefits of the Food Stamp Outreach Program. Should any county decide to assist in the outreach effort, the county outreach coordinator must inform state staff prior to implementation of such program or project to prevent duplication of effort.

.6 County outreach coordinators shall provide state staff or their contracted agents with a listing of all county Food Stamp Certification offices, including the addresses, days and hours of operation of such offices. Updates to such listing shall be provided to state staff or their contracted agents on a timely basis to ensure that current information is being disseminated.

There are no increased costs to counties mandated by these regulations.

Approved:

Marion J. Woods

MARION J. WOODS, Director
Department of Benefit Payments

DO NOT WRITE IN THIS SPACE

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
APR 2 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
APR 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: April 20, 1978

By: Marion J. Work

Director
(Title)

FILED
In the Secretary of State
of California
APR 27 1978
At 1:49 o'clock P. M.
MARCH FONG EU, Secretary of State
By Marjorie R. Hershberger
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 305.1 and 306.1 of the Unemployment Insurance Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on July 1, 1978 after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Division 1 of Title 22, California Administrative Code, Section 636-1

These regulations implement, interpret or make specific Unemployment Insurance Code Section 636.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

636-1 Election Campaign Employees. (a) "A candidate for public office" means a person who seeks nomination or election to a partisan or nonpartisan office at any election or primary conducted within this State.

(b) "A committee as defined in Section 82013 of the Government Code" means any person or combination of persons who directly or indirectly receives contributions or makes expenditures or contributions for the purpose of influencing or attempting to influence the action of the voters for or against the nomination or election of one or more candidates, or the passage or defeat of any measure, including any committee or subcommittee of a political party, whether national, state or local, if:

(1) Contributions received total five hundred dollars ($500) or more in a calendar year; or

(2) Expenditures and contributions made total five hundred dollars ($500) or more in a calendar year.

DO NOT WRITE IN THIS SPACE

These regulations do not mandate any county costs.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

77-24

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
APR 2 7 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Code 11380.2)
APR 2 7 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: April 14, 1978

By: Mahlon Wood

Director
(Title)

FILED
In the office of the Secretary of State of the State of California

APR 28 1978
At 9:50 o'clock a M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on July 1, 1978 after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Section 40-103.4
40-115.21
40-115.22
40-129
47-817.7

ADOPT: Section 44-317.13

These regulations implement, interpret, and make specific Sections 11056 and 11266 of the Welfare and Institutions Code.

DO NOT WRITE IN THIS SPACE

AFDC
APSB

.4 Applications for Aid

An application is a request for aid in writing made to the county welfare department on the CA-1 or APSB 201 either by the applicant or on his or her behalf.

Applications are as follows:

.41 New The applicant has not previously applied for the same aid in the same county.

.42 Restoration – The applicant was a recipient of the same category of aid in the same county and his or her grant has been discontinued for 12 months or less at the time of the current application.

.43 Reapplication

.431 The applicant's previous application for the same aid in the same county was withdrawn or denied, or

.432 The applicant is a former recipient of the same aid in the same county whose grant has been discontinued for more than 12 months at the time of the current application.

.44 Appropriate Action on an Application - Appropriate action on an application includes authorization of a cash grant and certification for medical assistance to persons determined to be eligible; certification as a medically needy person or family eligible for medical assistance, or such other disposition as is indicated by the investigation, i.e., denial, cancellation, etc. (See Section 40-171.)

DO NOT WRITE IN THIS SPACE

67043-750 8-72 .5M

DO NOT WRITE IN THIS SPACE

40-115 THE APPLICATION PROCESS

AFDC
APSB

.21 Discussion of Circumstances Leading to Application

.211 The individual with the help of the worker tells why he/she is applying for aid or services, the worker explaining agency requirements, program limitations, the applicant's rights and responsibilities and what he/she can expect from the agency.

.212 If the applicant indicates on the CA 1 or APSB 201 that he/she is in immediate need or indicates at any time during the application process that he/she is in an emergency situation where his/her resources are insufficient to meet the cost of the emergency situation, the county at that time shall make a determination of whether immediate need exists. (See Section 40-129, Immediate Need.) "Applicants" under this section include those who do not need to submit an application under Section 40-121.3.

.22 Exploration of Eligibility

The applicant will be given an appropriate Statement of Facts (i.e., APSB 201 or CA 2) to complete and sign under penalty of perjury. Acceptable evidence must be obtained concerning the linking and nonlinking factors of eligibility. (See each Eligibility Chapter – Divisions 41, 42 and 47--for what is acceptable evidence.) When such evidence does not exist, the applicant's sworn statement under penalty of perjury will be considered sufficient.

In the area of verification of U.S. citizenship or alienage status, the applicant's sworn statement is only sufficient to allow eligibility for a period of aid paid pending verification (see Sections 42-433.22 for U.S. Citizens; 42-433.33 for Aliens or 47-333.22 and 47-333.33 for APSB applicants).

.221 Before additional evidence may be obtained, the applicant must agree to continue the process of attempting to establish his/her eligibility.

.222 The applicant must participate in the gathering of evidence necessary to make an eligibility determination insofar as he/she has the capacity to do so.

.223 The principles and methods set forth in 40-157.2 and 40-157.3 shall be observed when obtaining evidence.

.224 The application process is not complete until all the evidence is in.

DO NOT WRITE IN THIS SPACE

40-129 IMMEDIATE NEED

AFDC
APSB .1 The intention of these provisions is to ensure that an applicant in immediate need receives either:

(a) An aid payment if he/she is eligible for AFDC or APSB

or

AFDC (b) an immediate need payment if eligibility for AFDC is apparent but not yet verified. The immediate need determination and payment, if appropriate, should be completed on the day the recipient indicates immediate need. In no event shall this be completed later than the following working day.

APSB (c) referral to other available assistance programs (e.g., Food Stamps, GR, SSI/SSP) if the eligibility of an applicant for APSB cannot be readily verified, until such time as eligibility can be determined.

AFDC
APSB .2 Definition of Immediate Need

"Immediate need" exists when there is (1) an emergency situation and (2) the applicant's liquid resources are less than $100 and (3) the resources cannot meet the costs of the emergency situation. Examples of an emergency situation include, but are not limited to: insufficient food for the family which cannot be supplemented by food stamps issued by the working day following the immediate need request, lack of housing, notice of eviction, notice of termination of or loss of utility service.

AFDC
APSB

.21 For purposes of this section "liquid resources" means resources which are immediately available and reasonably convertible to cash in time to meet the emergency situation. These may include cash, negotiable securities, and similar resources but do not include cash surrender value of insurance, trust deeds, household items and furnishings, personal effects, motor vehicles, or real property.

.22 Individual presently receiving cash aid payments under any of the categorical aids are not considered to be in immediate need.

.3 The county shall always be alert to situations of immediate need at the time of application or at any time during the application process and shall take the action necessary to assist the applicant in applying for Immediate Need. When an applicant indicates verbally or in writing that he/she is in immediate need, a Form CA 4 shall be completed and the county shall review it immediately.

.31 If the county determines immediate need does not exist, the normal procedure for determination of eligibility continues (see Section 40-115.22, Exploration of Eligibility). The county shall provide the applicant with a Notice of Action (ABCD 239) that the request for immediate need was denied no later than the date the action was taken.

.32 If the county determines immediate need exists, the applicant shall complete the Form CA 2 or APSB 201 immediately.

DO NOT WRITE IN THIS SPACE

AFDC
APSB .4 The county shall review the Form CA 2 or APSB 201:

.41 If eligibility for AFDC or APSB does not exist, the application is denied (See Section 40-115.232.)

.42 If eligibility for AFDC or APSB is determined, the county shall issue the aid payment for which the applicant is eligible.

In AFDC this payment shall be made no later than the following working day, or,

AFDC .43 If the county cannot verify eligibility for AFDC the county shall determine if the applicant is eligible for an immediate need payment.

.431 An applicant is eligible for an immediate need payment if (a) the applicant is apparently eligible for AFDC and (b) the applicant complied with the procedural requirements provided that it was reasonable for the county to expect the applicant to do so within the time frame prescribed in .433 below. Procedural requirements include, but are not limited to, registering for work, furnishing a social security number, accepting unconditionally available income, and agreeing to cooperate with the District Attorney in establishing paternity.

.432 The amount of the payment shall be the prorata grant for the month, computed from the date of the immediate need request, but not more than $100.

.433 The county shall issue the immediate need payment no later than than the working day following the date the immediate need was requested.

.434 If an immediate need payment is made for one month, and eligibility for an immediate need payment exists in the following month, a second immediate need payment shall be made in the following month provided the amount of the combined payments does not exceed $100.

.435 The county shall provide the applicant with a Notice of Action (ABCD 239) when the request for immediate need is approved.

.436 When an immediate need payment is made, the county shall verify the applicant's eligibility or ineligibility within 15 working days of the date in which the county determined immediate need existed. There is no state financial participation in the immediate need payment(s) if eligibility or ineligibility is verified after 15 working days. To the extent that such verification depends upon documentation supplied by a third party (e.g., INS, SSA), initiation of such verification within the 15-day period is sufficient to ensure state financial participation in the immediate need payment(s) as long as all other eligibility verification is completed within the 15-day period.

DO NOT WRITE IN THIS SPACE

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40-129 IMMEDIATE NEED (Continued) 40-129

AFDC
APSB .437 When verification of eligibility is completed, the county shall compute the aid payment from the beginning date of aid. (See Sections 44-317.1 and 47-817.1, Beginning Date Of Aid.) The amount of aid granted as an immediate need payment shall be offset against this aid payment and the county shall issue the remainder, if any.

AFDC If a second immediate need payment is made in the following month, it is offset against the aid payment for that month.

DO NOT WRITE IN THIS SPACE

44-317 BEGINNING DATE OF AID (Continued) 44-317

.13 Aid Granted on Basis of Immediate Need

When immediate need has been granted under Section 40-129, the beginning date of aid is the earlier of either the date of the immediate need request or the date determined by the beginning date of aid rule under .12 above.

47-817 BEGINNING DATE OF AID (Continued) 47-817

APSB .7 Aid Granted on Basis of Immediate Need After Determining Eligibility

Aid is granted from the date on which the Affirmation of Eligibility is signed, or from the date on which the county determines that both eligibility and immediate need exist, whichever is earlier. (See Section 40-129.2)

DO NOT WRITE IN THIS SPACE

Any increased county program and administrative costs are not reimbursable under the provisions of Revenue and Taxation Code Section 2231 because these changes merely clarify existing provisions of the law.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING Office of Administrative Hearings APPROVED FOR FILING Office of Administrative Hearings DO NOT WRITE IN THIS SPACE	Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by: Department of Benefit Payments (Agency) Dated: May 2, 1978 By: Marion R. Woods Director (Title)	FILED In the office of the Secretary of State of the State of California MAY 8 - 1978 At 9:55 o'clock a M. MARCH FONG EU, Secretary of State By Marjorie R. Hershberger Deputy Secretary of State DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 305.1 and 306.1 of the Unemployment Insurance Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on July 1, 1978, after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Section 927.5-1
987.7-1

These regulations implement, interpret or make specific Unemployment Insurance Code Sections 927.5 and 987.7.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

Section 927.5 - 1 Tips are wages for Disability Insurance purposes only

(A) Exclusive of Section 927 of the Unemployment Insurance Code, cash tips and cash gratuities of $20 or more received in any calendar month by a worker from persons other than the employer during the course of employment shall be wages for Disability Insurance purposes.

Cash tips and cash gratuities also includes tips added to the bill of a charge customer at his/her request and distributed by the employer. However, tips added to a banquet bill or where the employer controls the amount of the tips and its distributions are not included in the definition of term tips as defined in Section 927.5 of the Code (Refer to Section 927-1)

(B) Each worker shall furnish a written statement to the employer reporting the tips received during a calendar month. The report is due on or before the 10th day of the month after the calendar month in which the tips were received.

Employer may request the worker to report tips received on a payroll period basis which is less than a calendar month. The worker's written report of tips shall not cover a period exceeding one calendar month.

(a) The worker's statement may be a completed Federal Form 4070 or any form giving the following information:

1. Worker's name, address and Social Security Account Number.
2. Employer's name and address.
3. Calendar month/or other periods covered by the statement.
4. Amount of the tips received
5. Date and signature of the worker.

(b) The report should be prepared in duplicate and distributed as follows:

1. Original to the employer
2. Duplicate copy may be dated and countersigned by the employer and returned to the worker for his/her record.

DO NOT WRITE IN THIS SPACE

Section 987.7-1 The statement to be prepared and given to the worker under the provisions of Section 987.7(b) of the UI Code shall contain the following information:

1. Worker's name, address and Social Security Account Number.
2. Employer's name or business name, address and the employer's account number assigned by this Department.
3. Calendar month or pay period covered by the statement.
4. Amount of the cash tips reported for the above period.
5. Total amount of other deductions and withholdings.
6. Total amount of the cash wages payable to the worker.
7. The excess amount due from the worker.
8. Date and signature of the employer.

DO NOT WRITE IN THIS SPACE

This statement shall be issued on the final day of the collectable period or on the day the worker terminates employment. The collectable period begins on the day the worker reports tips received during a calendar month but not later than the 10th day of the month following the calendar month in which tips were received. The collectable period ends on the 10th day of the month following the month in which the tips were reported. (i.e., If the worker receives tips of $20 or more in January and reports such tips to the employer on or before February 10th, the employer is required to deduct or collect the contributions due or if the disability insurance contributions cannot be collected, issue the statement of amount due not later than March 10 of the same year.)

The statement shall be in quadruplicate and distributed as follows:

1. Original and duplicate to the worker.
2. Triplicate to be attached to the Contribution Return DE 3.
3. Quadruplicate copy to be retained by the employer.

The duplicate copy shall be treated as a self-assessment and constitute a tax liability against the worker, when the worker signs and dates the statement form in acknowledgement of the amount due and sends the statement to the Department.

DO NOT WRITE IN THIS SPACE

These regulations do not mandate any county costs.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

CERTIFICATE OF COMPLIANCE

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations, filed with the Secretary of State on February 21, 1978, concerning Tips and Gratuities, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By
MARION J. WOODS, Director

77-56

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

ENDORSED
APPROVED FOR FILING
Code 11380.2
MAY 10 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: May 16, 1978

By: [signature]

Director
(Title)

FILED
In the office of the Secretary of State of the State of California

MAY 10 1978
At 10:08 o'clock a M.
MARCH FONG EU, Secretary of State
By [signature]
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

30
JAS

This order shall take effect on July 1, 1978 after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

These regulations implement, interpret or make specific Welfare and Institutions Code § 10554, and Section 265 of the Budget Act of 1977 (Chapter 219, Statutes of 1977).

Adopt: Section 25-650
Section 25-660

DO NOT WRITE IN THIS SPACE

25-650 GENERAL 25-650

Reimbursement for the state share of AFDC and Nonassistance food stamps (NAFS) administrative expenditures shall be subject to and in accordance with the provisions of the department's AFDC and NAFS cost control plans.

25-660 SUMMARY OF COST CONTROL REQUIREMENTS - AFDC AND NAFS 25-660

.1 Eligibility Staff Salaries and Benefits

.11 Counties shall be grouped into large, medium and small size counties on the basis of caseload. For AFDC, each group will be rank-ordered by number of intake actions per eligibility worker and number of continuing cases per eligibility worker. For NAFS, counties shall be rank-ordered by total activity per worker. Means will be established for each group and a tolerance band of 5% in AFDC and 10% in NAFS shall be placed around the mean. These groupings, means and tolerance bands shall constitute the basic framework for cost control in AFDC and NAFS.

.111 Large and Medium Counties

Large and medium counties with low activity levels in their base year (activity below the lower tolerance level) will be required to increase their activity at least to the lower tolerance level.

Large and medium counties within the tolerance band in their base year will be required to maintain at least that activity level.

Large and medium counties above the upper tolerance level in their base year may be allowed a reduction in activity toward the upper tolerance based on plan provisions.

DO NOT WRITE IN THIS SPACE

25-660 SUMMARY OF COST CONTROL REQUIREMENTS - AFDC AND NAFS 25-660
(Continued)

.112 Small Counties

Small counties with base year activity levels within the tolerance band or below the lower tolerance level will be required to maintain at least that activity level.

Small counties above the tolerance level in their base year may be allowed a reduction in activity toward the upper tolerance based on plan provisions.

.12 First-line Supervisors

.121 First-line supervisors will be controlled by utilizing base year eligibility worker to supervisor ratios.

.13 AFDC Quality Control

.131 Quality Control Staff will be controlled by utilizing base year staffing levels.

.2 Support

.21 Counties shall be grouped into large, medium and small sized counties on the basis of caseload size. Within each group, counties shall be rank-ordered on the basis of their base year support cost/to eligibility staff cost ratios. Means will be established for each group and a 5% tolerance band shall be placed around the mean for each group.

.211 Large and Medium Counties

Large and medium counties with support ratios above the upper tolerance level in their base year will be required to reduce support expenditures.

25-660 SUMMARY OF COST CONTROL REQUIREMENTS - AFDC AND NAFS (Continued) 25-660

.211 Continued

Large and medium counties within the tolerance level in their base year will be required to maintain a support ratio not to exceed the base year.

Large and medium counties below the lower tolerance level in their base year may be allowed to increase their support ratio toward the lower tolerance based on plan provisions.

.212 Small Counties

Small counties above the upper tolerance level or within the tolerance band in their base year will be required to maintain a support ratio not to exceed the base year support ratio level.

Small Counties below the lower tolerance level in their base year may be allowed to increase their support ratio toward the lower tolerance based on plan provisions.

.3 Direct

.31 Direct cost expenditures will be controlled by utilizing actual base year staffing/expenditure levels.

.4 Additional Provisions

.41 Cost of Living

.411 Cost of living increases will be provided to counties subject to budgetary constraints.

25-660 SUMMARY OF COST CONTROL REQUIREMENTS - AFDC AND NAFS 25-660
(Continued)

.42 Caseload Growth

.421 Allocations will be adjusted to reflect actual increases or decreases in caseload activity.

.43 Plan Provisions

Adjustments based on plan provisions must be requested and justified on the cost control Impact Questionnaires and are subject to DBP approval

.44 Special Consideration Funds

.441 In order to insure the effectiveness of cost control, the department may increase a county's allocation in a specific cost area when it is necessary for unusual or compelling reasons. Conversely a county's allocation may be decreased if funds are not required in a specific cost area. All adjustments should be requested and justified on the cost control Impact Questionnaire and are subject to DBP approval.

.45 Transferability of Funds

.451 Transfer of funds between AFDC and NAFS is prohibited.

.452 Transfer of funds within a program is allowed except to and from NAFS Issuance.

STD. 400A (8-71)

CONTINUATION SHEET

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

DO NOT WRITE IN THIS SPACE

There are no increased costs attributable to these regulations.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JUN 1 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
JUN 1 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: May 25, 1978

By: Marion Wirth

Director
(Title)

FILED
In the office of the Secretary of State of the State of California

JUN 1 1978
At 1:34 o'clock P.M.
MARCH FONG EU, Secretary of State
By Wayne R Kershberg
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on August 1, 1978 after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

AMEND: Section 63-2020
63-2264.822
63-2303
63-2404.2
63-3470
63-3750

These regulations implement, interpret or make specific Welfare and Institutions Code Section 18901.

DO NOT WRITE IN THIS SPACE

63-2020 PROMPT ACTION 63-2020

The county welfare department is responsible for the certification of applicant households. The county welfare department must provide an application for participation in the Food Stamp Program to any person upon request, and must accept an identifiable application when submitted. An identifiable application is an application or affidavit containing a legible name and address that has been signed. The county welfare department must either approve or deny applications for participation within 30 days from the receipt of an identifiable application (see Section 63-2350).

If a certified household reports an increase of more than $25 in its utility cost and has not purchased any of its monthly allotment, the county welfare department shall adjust the household's basis of issuance and provide the household with an opportunity to purchase its monthly allotment within ten days, or less if the allotment month ends in less than ten days (see Sections 63-2404.2, 63-3470 and 63-3750.

The person making application is responsible for cooperating with the county welfare department in providing the information necessary for the department to make this determination.

DO NOT WRITE IN THIS SPACE

.822 Payments for heating, cooking fuel, electricity, water and sewer, garbage and trash collection fees, whenever such payments are made separately from shelter payments in .821 above.

The eligibility worker shall not average previously paid utility costs to compute the household's monthly utility allowance. The utility deduction computation will include amounts for which the household is billed; whether or not the household has paid or intends to pay such bills.

a. The household's monthly utility allowance shall be projected at the time of initial or subsequent certification using one of the following:

(1) The standard utility allowance adopted by the county and approved by DBP; or

(2) The bills which the household is anticipated to receive during the certification period, based on the most recent actual bills received by the household and other accurate information available; or

(3) The amount that the household is billed on a payment schedule established in agreement with the utility provider.

b. If applicable, the eligibility worker shall include as part of the household's utility allowance any payment during a certification period of a utility bill received by the household prior to January 1, 1978 if:

.822 b Continued

(1) The bill represents an allowable utility expense, but was not used in any previous shelter allowance computations; and

(2) The expense is not already included as part of the household's utility allowance; and

(3) The household has paid the expense, or the household intends to pay the expense and has sufficient income and/or resources available.

c. If a certified household reports an increase of more than $25 in its utility cost and has not purchased any of its monthly allotment, the county welfare department shall adjust the household's basis of issuance in accordance with Section 63-2404.2.

d. If the household expects that its utility expenses will flucuate substantially during its certification period, the EW should assign a shorter certification period. A household shall receive an adjustment in its utility allowance whenever its most recent bills exceed the amount that has been anticipated (see Section 63-2402).

63-2303 AVERAGING 63-2303

The most common means of converting income and expenses to monthly amounts is by averaging.

Income

received or expenses paid more often than once a month should be converted to a monthly figure by use of a multiplier in the following manner:

a. Weekly income - multiply by 4.3 or 4 1/3.

b. Biweekly income - multiply by 2.15 or 2 1/6.

c. Twice monthly - multiply by 2.

Income received or expenses paid less often than once a month may be averaged over the certification period. For instance, interest or dividends credited quarterly would be averaged over the certification period. Likewise, if an annual expense such as payment of a household's property taxes occurs within the certification period, it would be averaged by the number of months in that period. Alternatively, such income and expenses may be handled under provisions in Section 63-2304.

Income and expenses which are reported as monthly amounts, or have been converted to such, can still vary within the certification period. In such cases, the EW may continue to average to arrive at one basis of issuance for the entire certification period or use the method in Section 63-2304. In making this determination, the EW should consider whether the fluctuation is such that a single purchase requirement based on the average would make it difficult or impossible for the household to purchase coupons during the months when usable income is at its lowest level. In such cases, a variable basis of issuance may be appropriate or the household may be assigned certification periods to cover only the periods of stability.

Averaging previous utility bills to project utility costs for the current certification period is prohibited (see Section 63-2264.822). It is permissible to average over the certification period anticipated utility bills. If the household elects to have its projected bills averaged over the certification period, the EW must anticipate any increases or decreases in utility bills the household expects to receive during the certification period.

DO NOT WRITE IN THIS SPACE

63-2303 AVERAGING (Continued) 63-2303

EXAMPLE 1

A household is certified for a three month certification period beginning in May. At the time of certification, the EW is able to verify that the household's actual utility cost for May is $40. The household elects to have its projected bills averaged over the certification period. The EW determines that the household's anticipated utility cost is $31 for June and $19 for July. The household's projected utility cost for the three month certification period is $90, or an average of $30 for each month of the certification period.

Averaging would also be helpful in those instances where a household receives a large bill intended to cover a fuel supply for current and future months.

EXAMPLE 2

A household, certified for a three month period, receives a bill for a $300 delivery of fuel intended to cover several months in the future. The EW may average this amount over the certification period if the household so desires. The household would be allowed $100 for the fuel costs for each month of the current certification period.

63-2404 COUNTY WELFARE DEPARTMENT RESPONSIBILITIES 63-2404

.2 Other Changes Affecting Household Participation

When any other reported change does not require reduction or termination of benefits or when the household waives notice of adverse action (see Section 63-2406.3), the EW shall make the change effective for not later than the first issuance period following ten days from the date notification of the change was received. Households which report an increase of more than $25 in utility costs are an exception to this procedure (see Section 63-2264.822). For such households, the agency shall adjust the household's basis of issuance by means of a cancel/rewrite procedure if the household has not purchased any of its monthly allotment. The household must be provided an opportunity to purchase its monthly allotment within ten days, or less if the allotment month ends in less than ten days. If the household is not given the opportunity to purchase, this will be considered a lost benefit due to a delay in processing and retroactive benefits shall be granted in accordance with Section 63-4300.

DO NOT WRITE IN THIS SPACE

63-3470 CANCEL AND REWRITE OF ATPS 63-3470

In instances where the basis of issuance was correctly determined based on information correctly reported but where the recipient's income has changed significantly in the reporting month (e.g., the recipient has lost his or her job) and this income change is not the result of changes in utility costs, the county may cancel and rewrite the ATPs for the month based on a revised budget computation, provided that the recipient returns all unused ATPs to the EW so that they may be voided. For income changes resulting from utility costs, see Section 63-2404.2. Counties are encouraged to use this procedure to prevent situations when recipients are forced into nonparticipation because of a change in their income. With the exception of utility cost situations, cancelling and rewriting ATPs is a county option. NOTE: It is recommended that counties not cancel and rewrite ATPs when one or more ATPs for the reporting month have already been redeemed, due to the potential for monthly reconciliation problems. If a county deems it necessary to cancel and rewrite when one or more ATPs have been redeemed, a special effort should be made to record the correct participation data. Cancelling and rewriting may not take place when all of the ATPs for the issuance month have already been redeemed.

EXAMPLE 1

A recipient is certified for a $100 allotment with a purchase requirement of $40. The recipient receives two ATPs with purchase requirements of $20 for $50 allotment. The first ATP is cashed, and the recipient requests a cancel and rewrite on the remaining unredeemed ATP. The recomputed purchase requirement is $20 for the $100 allotment. As the household has already paid $20 for purchase requirement for the month, the rewritten ATP will be zero purchase for the remaining $50 allotment.

EXAMPLE 2

The recipient, certified for $100 allotment with a purchase requirement of $40, receives two ATPs with purchase requirements of $20 for $50 allotments. The first ATP is cashed, and the household requests that the second unredeemed ATP be cancelled and rewritten. The recomputed purchase requirement is $10 for the $100 allotment. The second ATP is at zero purchase. No refund will be given for the overpaid purchase requirement.

63-3750 CANCEL AND REWRITE 63-3750

In instances where the basis of issuance was correctly determined based on information correctly reported but where the recipient's income has changed significantly in the reporting month (e.g., the recipient has lost his or her job) and this income change is not the result of changes in utility costs, the county may cancel and rewrite the DFA 301s and HIR card for the month based on a revised budget computation. For income changes resulting from utility costs, see Section 63-2404.2. Counties are encouraged to use this procedure to prevent situations where recipients may be forced into nonparticipation because of a change in their income. The Certification Unit would be responsible for recomputing the household's basis of issuance and notifying the Issuance Unit of changes to be made to the HIR card and DFA 301. With the exception of utility cost situations cancelling and rewriting is a county option. NOTE: It is recommended that counties not cancel and rewrite the DFA 301 and HIR card when the recipient has already participated that month. If the county deems it necessary to cancel and rewrite when participation has occurred, a special effort should be made to record the correct participation data. Cancelling and rewriting may not take place when total participation has occurred. For examples of correct cancel and rewrite procedures, see Section 63-3470, substituting DFA 301/HIR card participation for ATP usage in examples.

DO NOT WRITE IN THIS SPACE

There are no costs associated with these regulations changes.

Approved:

Marion J. Woods

MARION J. WOODS, Director
Department of Benefit Payments

DO NOT WRITE IN THIS SPACE

78-10

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

FILED
In the office of the Secretary of State
of the State of California

JUN 20 1978
At 1:29 o'clock P M.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

June 15, 1978

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations filed with the Secretary of State on April 7, 1978 concerning Retroactive Benefits in Aiken v. Obledo, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By Marion J. Woods
MARION J. WOODS, Director

RECEIVED FOR FILING
JUN 20 1978
Office of Administrative Hearings

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 445-0313

FILED
In the office of the Secretary of State
of the State of California

JUN 20 1978
At 1:29 o'clock P.M.
MARCH FONG EU, Secretary of State
By Marjorie R. Hershberger
Deputy Secretary of State

June 15, 1978

CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations filed with the Secretary of State on March 6, 1978, concerning Disaster Relief, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit Payments

By Marion J. Woods
MARION J. WOODS, Director

RECEIVED FOR FILING
JUN 20 1978
Office of Administrative Hearings

77-612

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JUN 20 1978
Office of Administrative Hearings

JUN 20 1978

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: June 16, 1978

By: M Allen R. Wood

Director
(Title)

FILED
In the office of the Secretary of State of the State of California

JUN 20 1978
At 1:29 o'clock PM.
MARCH FONG EU, Secretary of State
By Marjorie R Hershberger
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

AMEND: Section 44-101.523
44-111.3c

63-2262.4
63-2264.1

ADOPT: Section 63-2254.96
63-2263.75

REFERENCE: Public Law 95-93, Youth Employment and Demonstration Projects Act of 1977.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following facts constitute the emergency:

1. Title II of Public Law 95-93, Youth Employment and Demonstration Projects Act of 1977 amended Title III of the Comprehensive Employment and Training Act of 1973, Public Law 93-203 by adding Part C - Youth Employment Demonstration Program. Section 356 of Part C provides that earnings received by any youth under this part shall be disregarded in determining the eligibility of the youth's family for, and the amount of, any benefits based on need under any federal or federally assisted programs.

2. In order to provide the benefit of the above income disregard as soon as possible to all eligible persons and thereby provide for the proper computation of benefits in the Aid to Families with Dependent Children and the Food Stamp programs, it is necessary to implement these regulations on an emergency basis.
3. The attached regulations are necessary for the immediate preservation of the public health and safety and general welfare.

These regulations are filed on an emergency basis to become effective upon filing with the Secretary of State.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

44-101 INCOME DEFINITIONS (Continued) 44-101

AFDC

.523 Earnings under Title 1 of the Elementary and Secondary Education Act, and wages paid under the CETA Act., except payments under CETA, Title III, Part C. (See Section 44-111.3c)

44-111 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION AS INCOME (Continued) 44-111

.3 Continued

AFDC c. Comprehensive Employment and Training Act

(1) Up to $30 per week of the incentive allowances made to trainees under Title 1 of the Comprehensive Employment and Training Act are exempt. This exemption applies to any CETA trainee whose needs or income are taken into account in determining the amount of public assistance payments to himself or others. This exemption does not apply to wages or other training allowances under the Act.

(2) Payments received under Part C - Youth Employment Demonstration Program Title III of the Comprehensive Employment and Training Act of 1973:

(a) The Youth Incentive Entitlement Pilot Projects.

(b) The Youth Community Conservation and Improvement Projects.

(c) The Youth Employment and Training Projects.

63-2254 EXEMPT RESOURCES (Continued) 63-2254

.9 Exemption of Payments From Public Sources (Continued)

.96 Part C - Youth Employment Demonstration Program, Title III of the Comprehensive Employment and Training Act of 1973.

Payments received under the following three CETA programs:

.961 The Youth Incentive Entitlement Pilot Projects,

.962 The Youth Community Conservation and Improvement Projects.

.963 The Youth Employment and Training Programs.

63-2262 NONEXCLUDED INCOME (Continued) 63-2262

.4 Training Allowances

Payments received from or paid on behalf of the household by the Work Incentive Program, Manpower Training Programs, The Young Adults Conservation Corps, or similar vocational and rehabilitation programs sponsored by State or local governments. Households receiving training allowances are entitled to the deduction provided in Section 63-2264.1.

63-2263 INCOME EXCLUSIONS (Continued) 63-2263

.7 Exclusion of Payments From Public Sources (Continued)

.75 Part C - Youth Employment Demonstration Program, Title III of the Comprehensive Employment and Training Act of 1973

Payments or benefits received under the following three programs:

.751 The Youth Incentive Entitlement Pilot Projects.

.752 The Youth Community Conservation and Improvement Projects.

.753 The Youth Employment and Training Programs.

DO NOT WRITE IN THIS SPACE

.1 Work Allowance

Ten percent of income received as compensation for services performed as an employee or monies received as a training allowance not to exceed $30 per month per household. The ten percent shall be computed based on gross income from the following sources prior to any mandatory or other deductions:

a. Compensation for services as an employee (see Section 63-2262.1) or training allowances (see Section 63-2262.4).

b. Any income attributable to the furnishing of housing to a household by an employer (see Section 63-2262.2). Any vendor payments made on behalf of an employee by an employer or a trainee by the training program or sponsor.

c. Earned income received by a student engaged in a work-study program.

The ten percent deduction does not apply to the following income:

a. Monies previously listed as excluded shall not be used in calculating the amount of this deduction, including income excluded under Section 63-2263.1.

b. Income received as compensation from a self-employment enterprise.

c. Monies received as scholarships, deferred payment loans, or the expenses of education or from any other source or which are not included in the definition of training allowances (see Section 63-2262.4).

d. CETA programs exempted as resources (Section 63-2254.96) and as income (Section 63-2263.75)

(1) The Youth Incentive Entitlement Pilot Projects,

(2) The Youth Community Conservation and Improvement Projects.

(3) The Youth Employment and Training Programs.

The ten percent deduction is intended to cover those expenses incidental to employment and/or training such as transportation, meals away from home, special clothing and other incidentals necessary for such employment or training.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

There are no costs associated with this regulation change.

Approved:

MARION J. WOODS, Director
Department of Benefit Payments

CERTIFICATE OF COMPLIANCE

The Department of Benefit Payments hereby certifies that said agency complied with the provisions of Sections 11423, 11424, and 11425, Government Code, prior to the adoption of the emergency regulations attached hereto.

Department of Benefit Payments

By: MARION J. WOODS, Director

FORM 400 (4/77)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JUN 30 1978
Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
GOV. CODE 11380.21
JUN 30 1978
Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments
(Agency)

Dated: June 29, 1978

By: Marion J. Woods

Director
(Title)

FILED
In the office of the Secretary of State
of the State of California
JUN 30 1978
At 1:50 o'clock P.M.
MARCH FONG EU, Secretary of State
By Marjorie R. Hershberger
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

AMEND: Section 63-2261, Exhibit B
63-3840

These regulations implement, interpret or make specific Welfare and Institutions Code Section 18901.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

The following facts constitute the emergency:

1. Cost-of-living revisions to Food Stamp Tables of Coupon Issuance must be effective July 1, 1978, in accordance with Section 7(a) of the Food Stamp Act, and as outlined in 7 CFR 271, Appendix A.

2. In order to ensure that the cost-of-living revisions are implemented on July 1, 1978, the attached regulations must be filed on an emergency basis.

3. Adoption of the attached regulations is necessary for the immediate preservation of the public peace, health and safety, and the general welfare.

The regulations changes set forth above are, therefore, adopted as emergency measures to become effective July 1, 1978, after filing with the Secretary of State.

DO NOT WRITE IN THIS SPACE

63-2261 INCOME ELIGIBILITY STANDARDS (Continued) 63-2261

Exhibit B 63-2261 INCOME ELIGIBILITY STANDARDS Exhibit B 63-2261

HOUSEHOLD SIZE	MAXIMUM ALLOWABLE INCOME	HOUSEHOLD SIZE	MAXIMUM ALLOWABLE INCOME
1	$277 1/	11	$1513
2	363 1/	12	1653
3	480	13	1793
4	607	14	1933
5	720	15	2073
6	867	16	2213
7	953	17	2353
8	1093	18	2493
9	1233	19	2633
10	1373	20	2773
1/ USDA Poverty Guideline	(1978)	Each Add'l Member +	$140

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
July 1, 1978
Table 1

FOOD STAMP PROGRAM

MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	1	2	3	4	5
Coupon Allotment	$54	$100	$144	$182	$216
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0 - 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20 - 29.99	1	1	0	0	0
30 - 39.99	4	4	4	4	5
40 - 49.99	6	7	7	7	8
50 - 59.99	8	10	10	10	11
60 - 69.99	10	12	13	13	14
70 - 79.99	12	15	16	16	17
80 - 89.99	14	18	19	19	20
90 - 99.99	16	21	21	22	23
100 - 109.99	18	23	24	25	26
110 - 119.99	21	26	27	28	29
120 - 129.99	24	29	30	31	33
130 - 139.99	27	32	33	34	36
140 - 149.99	30	35	36	37	39
150 - 169.99	33	38	40	41	42
170 - 189.99	39	44	46	47	48
190 - 209.99	42	50	52	53	54
210 - 229.99	44	56	58	59	60
230 - 249.99	44	62	64	65	66
250 - 269.99	44	68	70	71	72
270 - 289.99	44	74	76	77	78
290 - 309.99	(1)	80	82	83	84
310 - 329.99		80	88	89	90
330 - 359.99		80	94	95	96
360 - 389.99		80	103	104	105
390 - 419.99		(1)	112	113	114
420 - 449.99			121	122	123
450 - 479.99			126	131	132
480 - 509.99			126	140	141
510 - 539.99			(1)	149	150
540 - 569.99				158	159
570 - 599.99				158	168
600 - 629.99				158	177
630 - 659.99				(1)	186
660 - 689.99					188
690 - 719.99					188
720 - 749.99					188
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

MAXIMUM ALLOWABLE ADJUSTED MONTHLY NET INCOME

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Adjusted Monthly Net Income	277	363	480	607	720	867	953	1093	1233	1373	1513	1653	1793	1933	2073	2213	2353	2493	2633	2773

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued)

Department of Benefit Payments
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FOOD STAMP PROGRAM

MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$260	$286	$328	$370	$412
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0 - 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20 - 29.99	0	0	0	0	0
30 - 39.99	5	5	5	5	5
40 - 49.99	8	8	8	8	8
50 - 59.99	11	12	12	12	12
60 - 69.99	14	15	16	16	16
70 - 79.99	17	18	19	19	19
80 - 89.99	21	21	22	22	22
90 - 99.99	24	25	26	26	26
100 - 109.99	27	28	29	29	29
110 - 119.99	31	32	33	33	33
120 - 129.99	34	35	36	36	36
130 - 139.99	37	38	39	39	39
140 - 149.99	40	41	42	42	42
150 - 169.99	43	44	45	45	45
170 - 189.99	49	50	51	51	51
190 - 209.99	55	56	57	57	57
210 - 229.99	61	62	63	63	63
230 - 249.99	67	68	69	69	69
250 - 269.99	73	74	75	75	75
270 - 289.99	79	80	81	81	81
290 - 309.99	85	86	87	87	87
310 - 329.99	91	92	93	93	93
330 - 359.99	97	98	99	99	99
360 - 389.99	106	107	108	108	108
390 - 419.99	115	116	117	117	117
420 - 449.99	124	125	126	126	126
450 - 479.99	133	134	135	135	135
480 - 509.99	142	143	144	144	144
510 - 539.99	151	152	153	153	153
540 - 569.99	160	161	162	162	162
570 - 599.99	169	170	171	171	171
600 - 629.99	178	179	180	180	180
630 - 659.99	187	188	189	189	189
660 - 689.99	196	197	198	198	198
690 - 719.99	205	206	207	207	207
720 - 749.99	214	215	216	216	216
750 - 779.99	223	224	225	225	225
780 - 809.99	228	233	234	234	234
810 - 839.99	228	242	243	243	243
840 - 869.99	228	250	252	252	252
870 - 899.99	(1)	250	261	261	261
900 - 929.99		250	270	270	270
930 - 959.99		250	279	279	279
960 - 989.99		(1)	288	288	288
990 - 1019.99			288	297	297
1020 - 1049.99			288	306	306
1050 - 1079.99			288	315	315

(1) For any eligible household with higher monthly net income use maximum purchase requirement listed.

63-3840 TABLES OF COUPON ISSUANCE (Continued)

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FOOD STAMP PROGRAM

MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$260	$286	$328	$370	$412
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1080 - 1109.99			288	324	324
1110 - 1139.99			(1)	326	333
1140 - 1169.99				326	342
1170 - 1199.99				326	351
1200 - 1229.99				326	360
1230 - 1259.99				326	364
1260 - 1289.99				(1)	364
1290 - 1319.99					364
1320 - 1349.99					364
1350 -1379.99					364
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

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FOOD STAMP PROGRAM

MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Attotment	$454	$496	$538	$580	$622
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0 - 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20 - 29.99	0	0	0	0	0
30 - 39.99	5	5	5	5	5
40 - 49.99	8	8	8	8	8
50 - 59.99	12	12	12	12	12
60 - 69.99	16	16	16	16	16
70 - 79.99	19	19	19	19	19
80 - 89.99	22	22	22	22	22
90 - 99.99	26	26	26	26	26
100 - 109.99	29	29	29	29	29
110 - 119.99	33	33	33	33	33
120 - 129.99	36	36	36	36	36
130 - 139.99	39	39	39	39	39
140 - 149.99	42	42	42	42	42
150 - 169.99	45	45	45	45	45
170 - 189.99	51	51	51	51	51
190 - 209.99	57	57	57	57	57
210 - 229.99	63	63	63	63	63
230 - 249.99	69	69	69	69	69
250 - 269.99	75	75	75	75	75
270 - 289.99	81	81	81	81	81
290 - 309.99	87	87	87	87	87
310 - 329.99	93	93	93	93	93
330 - 359.99	99	99	99	99	99
360 - 389.99	108	108	108	108	108
390 - 419.99	117	117	117	117	117
420 - 449.99	126	126	126	126	126
450 - 479.99	135	135	135	135	135
480 - 509.99	144	144	144	144	144
510 - 539.99	153	153	153	153	153
540 - 569.99	162	162	162	162	162
570 - 599.99	171	171	171	171	171
600 - 629.99	180	180	180	180	180
630 - 659.99	189	189	189	189	189
660 - 689.99	198	198	198	198	198
690 - 719.99	207	207	207	207	207
720 - 749.99	216	216	216	216	216
750 - 779.99	225	225	225	225	225
780 - 809.99	234	234	234	234	234
810 - 839.99	243	243	243	243	243
840 - 869.99	252	252	252	252	252
870 - 899.99	261	261	261	261	261
900 - 929.99	270	270	270	270	270
930 - 959.99	279	279	279	279	279
960 - 989.99	288	288	288	288	288
990 - 1019.99	297	297	297	297	297
1020 - 1049.99	306	306	306	306	306
1050 - 1079.99	315	315	315	315	315

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued)

FOOD STAMP PROGRAM

MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$454	$496	$538	$580	$622
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1080 - 1109.99	324	324	324	324	324
1110 - 1139.99	333	333	333	333	333
1140 - 1169.99	342	342	342	342	342
1170 - 1199.99	351	351	351	351	351
1200 - 1229.99	360	360	360	360	360
1230 - 1259.99	369	369	369	369	369
1260 - 1289.99	378	378	378	378	378
1290 - 1319.99	387	387	387	387	387
1320 - 1349.99	396	396	396	396	396
1350 - 1379.99	402	405	405	405	405
1380 - 1409.99	402	414	414	414	414
1410 - 1439.99	402	423	423	423	423
1440 - 1469.99	402	432	432	432	432
1470 - 1499.99	402	440	441	441	441
1500 - 1529.99	402	440	450	450	450
1530 - 1559.99	(1)	440	459	459	459
1560 - 1589.99		440	468	468	468
1590 - 1619.99		440	477	477	477
1620 - 1649.99		440	478	486	486
1650 - 1679.99		440	478	495	495
1680 - 1709.99		(1)	478	504	504
1710 - 1739.99			478	513	513
1740 - 1769.99			478	516	522
1770 - 1799.99			478	516	531
1800 - 1829.99			(1)	516	540
1830 - 1859.99				516	549
1860 - 1889.99				516	554
1890 - 1919.99				516	554
1920 - 1949.99				516	554
1950 - 1979.99				(1)	554
1980 - 2009.99					554
2010 - 2039.99					554
2040 - 2069.99					554
2070 - 2099.99					554
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued)

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Table 1

FOOD STAMP PROGRAM

MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$664	$706	$748	$790	$832
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
$ 0 - 19.99	$ 0	$ 0	$ 0	$ 0	$ 0
20 - 29.99	0	0	0	0	0
30 - 39.99	5	5	5	5	5
40 - 49.99	8	8	8	8	8
50 - 59.99	12	12	12	12	12
60 - 69.99	16	16	16	16	16
70 - 79.99	19	19	19	19	19
80 - 89.99	22	22	22	22	22
90 - 99.99	26	26	26	26	26
100 - 109.99	29	29	29	29	29
110 - 119.99	33	33	33	33	33
120 - 129.99	36	36	36	36	36
130 - 139.99	39	39	39	39	39
140 - 149.99	42	42	42	42	42
150 - 169.99	45	45	45	45	45
170 - 189.99	51	51	51	51	51
190 - 209.99	57	57	57	57	57
210 - 229.99	63	63	63	63	63
230 - 249.99	69	69	69	69	69
250 - 269.99	75	75	75	75	75
270 - 289.99	81	81	81	81	81
290 - 309.99	87	87	87	87	87
310 - 329.99	93	93	93	93	93
330 - 359.99	99	99	99	99	99
360 - 389.99	108	108	108	108	108
390 - 419.99	117	117	117	117	117
420 - 449.99	126	126	126	126	126
450 - 479.99	135	135	135	135	135
480 - 509.99	144	144	144	144	144
510 - 539.99	153	153	153	153	153
540 - 569.99	162	162	162	162	162
570 - 599.99	171	171	171	171	171
600 - 629.99	180	180	180	180	180
630 - 659.99	189	189	189	189	189
660 - 689.99	198	198	198	198	198
690 - 719.99	207	207	207	207	207
720 - 749.99	216	216	216	216	216
750 - 779.99	225	225	225	225	225
780 - 809.99	234	234	234	234	234
810 - 839.99	243	243	243	243	243
840 - 869.99	252	252	252	252	252
870 - 899.99	261	261	261	261	261
900 - 929.99	270	270	270	270	270
930 - 959.99	279	279	279	279	279
960 - 989.99	288	288	288	288	288
990 - 1019.99	297	297	297	297	297
1020 - 1049.99	306	306	306	306	306
1050 - 1079.99	315	315	315	315	315

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

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Table 1

FOOD STAMP PROGRAM

MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$664	$706	$748	$790	$832
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
1080 - 1109.99	324	324	324	324	324
1110 - 1139.99	333	333	333	333	333
1140 - 1169.99	342	342	342	342	342
1170 - 1199.99	351	351	351	351	351
1200 - 1229.99	360	360	360	360	360
1230 - 1259.99	369	369	369	369	369
1260 - 1289.99	378	378	378	378	378
1290 - 1319.99	387	387	387	387	387
1320 - 1349.99	396	396	396	396	396
1350 - 1379.99	405	405	405	405	405
1380 - 1409.99	414	414	414	414	414
1410 - 1439.99	423	423	423	423	423
1440 - 1469.99	432	432	432	432	432
1470 - 1499.99	441	441	441	441	441
1500 - 1529.99	450	450	450	450	450
1530 - 1559.99	459	459	459	459	459
1560 - 1589.99	468	468	468	468	468
1590 - 1619.99	477	477	477	477	477
1620 - 1649.99	486	486	486	486	486
1650 - 1679.99	495	495	495	495	495
1680 - 1709.99	504	504	504	504	504
1710 - 1739.99	513	513	513	513	513
1740 - 1769.99	522	522	522	522	522
1770 - 1799.99	531	531	531	531	531
1800 - 1829.99	540	540	540	540	540
1830 - 1859.99	549	549	549	549	549
1860 - 1889.99	558	558	558	558	558
1890 - 1919.99	567	567	567	567	567
1920 - 1949.99	576	576	576	576	576
1950 - 1979.99	585	585	585	585	585
1980 - 2009.99	592	594	594	594	594
2010 - 2039.99	592	603	603	603	603
2040 - 2069.99	592	612	612	612	612
2070 - 2099.99	592	621	621	621	621
2100 - 2129.99	592	630	630	630	630
2130 - 2159.99	592	630	639	639	639
2160 - 2189.99	592	630	648	648	648
2190 - 2219.99	592	630	657	657	657
2220 - 2249.99	(1)	630	666	666	666
2250 - 2279.99		630	668	675	675
2280 - 2309.99		630	668	684	684
2310 - 2339.99		630	668	693	693
2340 - 2369.99		630	668	702	702
2370 - 2399.99		(1)	668	706	711
2400 - 2429.99			668	706	720
2430 - 2459.99			668	706	729
2460 - 2489.99			668	706	738
2490 - 2519.99			668	706	744
			(1)		

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

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FOOD STAMP PROGRAM

MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$664	$706	$748	$790	$832
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
2520 - 2549.99				706	744
2550 - 2579.99				706	744
2580 - 2609.99				706	744
2610 - 2639.99				706	744
2640 - 2669.99				(1)	744
2670 - 2699.99					744
2700 - 2729.99					744
2730 - 2759.99					744
2760 - 2789.99					744
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

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Table 2

DO NOT WRITE IN THIS SPACE

FOOD STAMP PROGRAM

THREE QUARTER-MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	1	2	3	4	5
Coupon Allotment	$41	$75	$108	$137	$162
Adjusted Monthly Net Income	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.75	0.75	0.00	0.00	0.00
30 - 39.99	3.00	3.00	3.00	3.00	3.75
40 - 49.99	4.50	5.25	5.25	5.25	6.00
50 - 59.99	6.00	7.50	7.50	7.50	8.25
60 - 69.99	7.50	9.00	9.75	9.75	10.50
70 - 79.99	9.00	11.25	12.00	12.00	12.75
80 - 89.99	10.50	13.50	14.25	14.25	15.00
90 - 99.99	12.00	15.75	15.75	16.50	17.25
100 - 109.99	13.50	17.25	18.00	18.75	19.50
110 - 119.99	15.75	19.50	20.25	21.00	21.75
120 - 129.99	18.00	21.75	22.50	23.25	24.75
130 - 139.99	20.25	24.00	24.75	25.50	27.00
140 - 149.99	22.50	26.25	27.00	27.75	29.25
150 - 169.99	24.75	28.50	30.00	30.75	31.50
170 - 189.99	29.25	33.00	34.50	35.25	36.00
190 - 209.99	31.50	37.50	39.00	39.75	40.50
210 - 229.99	33.00	42.00	43.50	44.25	45.00
230 - 249.99	33.00	46.50	48.00	48.75	49.50
250 - 269.99	33.00	51.00	52.50	53.25	54.00
270 - 289.99	33.00	55.50	57.00	57.75	58.50
290 - 309.99	(1)	60.00	61.50	62.25	63.00
310 - 329.99		60.00	66.00	66.75	67.50
330 - 359.99		60.00	70.50	71.25	72.00
360 - 389.99		60.00	77.25	78.00	78.75
390 - 419.99		(1)	84.00	84.75	85.50
420 - 449.99			90.75	91.50	92.25
450 - 479.99			94.50	98.25	99.00
480 - 509.99			94.50	105.00	105.75
510 - 539.99			(1)	111.75	112.50
540 - 569.99				118.50	119.25
570 - 599.99				118.50	126.00
600 - 629.99				118.50	132.75
630 - 659.99				(1)	139.50
660 - 689.99					141.00
690 - 719.99					141.00
720 - 749.99					141.00
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

MAXIMUM ALLOWABLE ADJUSTED MONTHLY NET INCOME

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Adjusted Monthly Net Income	277	363	480	607	720	867	953	1093	1233	1373	1513	1653	1793	1933	2073	2213	2353	2493	2633	2773

63-3840 TABLES OF COUPON ISSUANCE (Continued)

FOOD STAMP PROGRAM

THREE QUARTER-MONTHLY

COUPON ALLOTMENT, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	6	7	8	9	10
Coupon Allotment	$195	$215	$246	$278	$309
Adjusted Monthly Net Income	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.00	0.00	0.00	0.00	0.00
30 - 39.99	3.75	3.75	3.75	3.75	3.75
40 - 49.99	6.00	6.00	6.00	6.00	6.00
50 - 59.99	8.25	9.00	9.00	9.00	9.00
60 - 69.99	10.50	11.25	12.00	12.00	12.00
70 - 79.99	12.75	13.50	14.25	14.25	14.25
80 - 89.99	15.75	15.75	16.50	16.50	16.50
90 - 99.99	18.00	18.75	19.50	19.50	19.50
100 - 109.99	20.25	21.00	21.75	21.75	21.75
110 - 119.99	23.25	24.00	24.75	24.75	24.75
120 - 129.99	25.50	26.25	27.00	27.00	27.00
130 - 139.99	27.75	28.50	29.25	29.25	29.25
140 - 149.99	30.00	30.75	31.50	31.50	31.50
150 - 169.99	32.25	33.00	33.75	33.75	33.75
170 - 189.99	36.75	37.50	38.25	38.25	38.25
190 - 209.99	41.25	42.00	42.75	42.75	42.75
210 - 229.99	45.75	46.50	47.25	47.25	47.25
230 - 249.99	50.25	51.00	51.75	51.75	51.75
250 - 269.99	54.75	55.50	56.25	56.25	56.25
270 - 289.99	59.25	60.00	60.75	60.75	60.75
290 - 309.99	63.75	64.50	65.25	65.25	65.25
310 - 329.99	68.25	69.00	69.75	69.75	69.75
330 - 359.99	72.75	73.50	74.25	74.25	74.25
360 - 389.99	79.50	80.25	81.00	81.00	81.00
390 - 419.99	86.25	87.00	87.75	87.75	87.75
420 - 449.99	93.00	93.75	94.50	94.50	94.50
450 - 479.99	99.75	100.50	101.25	101.25	101.25
480 - 509.99	106.50	107.25	108.00	108.00	108.00
510 - 539.99	113.25	114.00	114.75	114.75	114.75
540 - 569.99	120.00	120.75	121.50	121.50	121.50
570 - 599.99	126.75	127.50	128.25	128.25	128.25
600 - 629.99	133.50	134.25	135.00	135.00	135.00
630 - 659.99	140.25	141.00	141.75	141.75	141.75
660 - 689.99	147.00	147.75	148.50	148.50	148.50
690 - 719.99	153.75	154.50	155.25	155.25	155.25
720 - 749.99	160.50	161.25	162.00	162.00	162.00
750 - 779.99	167.25	168.00	168.75	168.75	168.75
780 - 809.99	171.00	174.75	175.50	175.50	175.50
810 - 839.99	171.00	181.50	182.25	182.25	182.25
840 - 869.99	171.00	187.50	189.00	189.00	189.00
870 - 899.99	(1)	187.50	195.75	195.75	195.75
900 - 929.99		187.50	202.50	202.50	202.50
930 - 959.99		187.50	209.25	209.25	209.25
960 - 989.99		(1)	216.00	216.00	216.00
990 - 1019.99			216.00	222.75	222.75
1020 - 1049.99			216.00	229.50	229.50
1050 - 1079.99			216.00	236.25	236.25
1080 - 1109.99			216.00	243.00	243.00
1110 - 1139.99			(1)	244.50	249.75
1140 - 1169.99				244.50	256.50
1170 - 1199.99				244.50	263.25
1200 - 1229.99				244.50	270.00
1230 - 1259.99				244.50	273.00
1260 - 1289.99				(1)	273.00
1290 - 1319.99					273.00
1320 - 1349.99					273.00
1350 - 1379.99					273.00
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
July 1, 1978
Table 2

FOOD STAMP PROGRAM

THREE QUARTER-MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	$341	$372	$404	$435	$467
Adjusted Monthly Net Income	Three-Quarter Monthly Purchase	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase	Three-Quarter-Monthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.00	0.00	0.00	0.00	0.00
30 - 39.99	3.75	3.75	3.75	3.75	3.75
40 - 49.99	6.00	6.00	6.00	6.00	6.00
50 - 59.99	9.00	9.00	9.00	9.00	9.00
60 - 69.99	12.00	12.00	12.00	12.00	12.00
70 - 79.99	14.25	14.25	14.25	14.25	14.25
80 - 89.99	16.50	16.50	16.50	16.50	16.50
90 - 99.99	19.50	19.50	19.50	19.50	19.50
100 - 109.99	21.75	21.75	21.75	21.75	21.75
110 - 119.99	24.75	24.75	24.75	24.75	24.75
120 - 129.99	27.00	27.00	27.00	27.00	27.00
130 - 139.99	29.25	29.25	29.25	29.25	29.25
140 - 149.99	31.50	31.50	31.50	31.50	31.50
150 - 169.99	33.75	33.75	33.75	33.75	33.75
170 - 189.99	38.25	38.25	38.25	38.25	38.25
190 - 209.99	42.75	42.75	42.75	42.75	42.75
210 - 229.99	47.25	47.25	47.25	47.25	47.25
230 - 249.99	51.75	51.75	51.75	51.75	51.75
250 - 269.99	56.25	56.25	56.25	56.25	56.25
270 - 289.99	60.75	60.75	60.75	60.75	60.75
290 - 309.99	65.25	65.25	65.25	65.25	65.25
310 - 329.99	69.75	69.75	69.75	69.75	69.75
330 - 359.99	74.25	74.25	74.25	74.25	74.25
360 - 389.99	81.00	81.00	81.00	81.00	81.00
390 - 419.99	87.75	87.75	87.75	87.75	87.75
420 - 449.99	94.50	94.50	94.50	94.50	94.50
450 - 479.99	101.25	101.25	101.25	101.25	101.25
480 - 509.99	108.00	108.00	108.00	108.00	108.00
510 - 539.99	114.75	114.75	114.75	114.75	114.75
540 - 569.99	121.50	121.50	121.50	121.50	121.50
570 - 599.99	128.25	128.25	128.25	128.25	128.25
600 - 629.99	135.00	135.00	135.00	135.00	135.00
630 - 659.99	141.75	141.75	141.75	141.75	141.75
660 - 689.99	148.50	148.50	148.50	148.50	148.50
690 - 719.99	155.25	155.25	155.25	155.25	155.25
720 - 749.99	162.00	162.00	162.00	162.00	162.00
750 - 779.99	168.75	168.75	168.75	168.75	168.75
780 - 809.99	175.50	175.50	175.50	175.50	175.50
810 - 839.99	182.25	182.25	182.25	182.25	182.25
840 - 869.99	189.00	189.00	189.00	189.00	189.00
870 - 899.99	195.75	195.75	195.75	195.75	195.75
900 - 929.99	202.50	202.50	202.50	202.50	202.50
930 - 959.99	209.25	209.25	209.25	209.25	209.25
960 - 989.99	216.00	216.00	216.00	216.00	216.00
990 - 1019.99	222.75	222.75	222.75	222.75	222.75
1020 - 1049.99	229.50	229.50	229.50	229.50	229.50
1050 - 1079.99	236.25	236.25	236.25	236.25	236.25

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued)

FOOD STAMP PROGRAM

THREE QUARTER-MONTHLY

Department of Benefit Payments
July 1, 1978
Table 2

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	$341	$372	$404	$435	$467
Adjusted Monthly Net Income	Three-Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
1080 - 1109.99	243.00	243.00	243.00	243.00	243.00
1110 - 1139.99	249.75	249.75	249.75	249.75	249.75
1140 - 1169.99	256.50	256.50	256.50	256.50	256.50
1170 - 1199.99	263.25	263.25	263.25	263.25	263.25
1200 - 1229.99	270.00	270.00	270.00	270.00	270.00
1230 - 1259.99	276.75	276.75	276.75	276.75	276.75
1260 - 1289.99	283.50	283.50	283.50	283.50	283.50
1290 - 1319.99	290.25	290.25	290.25	290.25	290.25
1320 - 1349.99	297.00	297.00	297.00	297.00	297.00
1350 - 1379.99	301.50	303.75	303.75	303.75	303.75
1380 - 1409.99	301.50	310.50	310.50	310.50	310.50
1410 - 1439.99	301.50	317.25	317.25	317.25	317.25
1440 - 1469.99	301.50	324.00	324.00	324.00	324.00
1470 - 1499.99	301.50	330.00	330.75	330.75	330.75
1500 - 1529.99	301.50	330.00	337.50	337.50	337.50
1530 - 1559.99	(1)	330.00	344.25	344.25	344.25
1560 - 1589.99		330.00	351.00	351.00	351.00
1590 - 1619.99		330.00	357.75	357.75	357.75
1620 - 1649.99		330.00	358.50	364.50	364.50
1650 - 1679.99		330.00	358.50	371.25	371.25
1680 - 1709.99		(1)	358.50	378.00	378.00
1710 - 1739.99			358.50	384.75	384.75
1740 - 1769.99			358.50	387.00	391.50
1770 - 1799.99			358.50	387.00	398.25
1800 - 1829.99			(1)	387.00	405.00
1830 - 1859.99				387.00	411.75
1860 - 1889.99				387.00	415.50
1890 - 1919.99				387.00	415.50
1920 - 1949.99				387.00	415.50
1950 - 1979.99				(1)	415.50
1980 - 2009.99					415.50
2010 - 2039.99					415.50
2040 - 2069.99					415.50
2070 - 2099.99					415.50
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
July 1, 1978
Table 2

FOOD STAMP PROGRAM

THREE QUARTER-MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	$498	$530	$561	$593	$624
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.00	0.00	0.00	0.00	0.00
30 - 39.99	3.75	3.75	3.75	3.75	3.75
40 - 49.99	6.00	6.00	6.00	6.00	6.00
50 - 59.99	9.00	9.00	9.00	9.00	9.00
60 - 69.99	12.00	12.00	12.00	12.00	12.00
70 - 79.99	14.25	14.25	14.25	14.25	14.25
80 - 89.99	16.50	16.50	16.50	16.50	16.50
90 - 99.99	19.50	19.50	19.50	19.50	19.50
100 - 109.99	21.75	21.75	21.75	21.75	21.75
110 - 119.99	24.75	24.75	24.75	24.75	24.75
120 - 129.99	27.00	27.00	27.00	27.00	27.00
130 - 139.99	29.25	29.25	29.25	29.25	29.25
140 - 149.99	31.50	31.50	31.50	31.50	31.50
150 - 169.99	33.75	33.75	33.75	33.75	33.75
170 - 189.99	38.25	38.25	38.25	38.25	38.25
190 - 209.99	42.75	42.75	42.75	42.75	42.75
210 - 229.99	47.25	47.25	47.25	47.25	47.25
230 - 249.99	51.75	51.75	51.75	51.75	51.75
250 - 269.99	56.25	56.25	56.25	56.25	56.25
270 - 289.99	60.75	60.75	60.75	60.75	60.75
290 - 309.99	65.25	65.25	65.25	65.25	65.25
310 - 329.99	69.75	69.75	69.75	69.75	69.75
330 - 359.99	74.25	74.25	74.25	74.25	74.25
360 - 389.99	81.00	81.00	81.00	81.00	81.00
390 - 419.99	87.75	87.75	87.75	87.75	87.75
420 - 449.99	94.50	94.50	94.50	94.50	94.50
450 - 479.99	101.25	101.25	101.25	101.25	101.25
480 - 509.99	108.00	108.00	108.00	108.00	108.00
510 - 539.99	114.75	114.75	114.75	114.75	114.75
540 - 569.99	121.50	121.50	121.50	121.50	121.50
570 - 599.99	128.25	128.25	128.25	128.25	128.25
600 - 629.99	135.00	135.00	135.00	135.00	135.00
630 - 659.99	141.75	141.75	141.75	141.75	141.75
660 - 689.99	148.50	148.50	148.50	148.50	148.50
690 - 719.99	155.25	155.25	155.25	155.25	155.25
720 - 749.99	162.00	162.00	162.00	162.00	162.00
750 - 779.99	168.75	168.75	168.75	168.75	168.75
780 - 809.99	175.50	175.50	175.50	175.50	175.50
810 - 839.99	182.25	182.25	182.25	182.25	182.25
840 - 869.99	189.00	189.00	189.00	189.00	189.00
870 - 899.99	195.75	195.75	195.75	195.75	195.75
900 - 929.99	202.50	202.50	202.50	202.50	202.50
930 - 959.99	209.25	209.25	209.25	209.25	209.25
960 - 989.99	216.00	216.00	216.00	216.00	216.00
990 - 1019.99	222.75	222.75	222.75	222.75	222.75
1020 - 1049.99	229.50	229.50	229.50	229.50	229.50
1050 - 1079.99	236.25	236.25	236.25	236.25	236.25

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

FOOD STAMP PROGRAM

Department of Benefit Payments
July 1, 1978
Table 2

THREE QUARTER-MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	$498	$530	$561	$593	$624
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
1080 - 1109.99	243.00	243.00	243.00	243.00	243.00
1110 - 1139.99	249.75	249.75	249.75	249.75	249.75
1140 - 1169.99	256.50	256.50	256.50	256.50	256.50
1170 - 1199.99	263.25	263.25	263.25	263.25	263.25
1200 - 1229.99	270.00	270.00	270.00	270.00	270.00
1230 - 1259.99	276.75	276.75	276.75	276.75	276.75
1260 - 1289.99	283.50	283.50	283.50	283.50	283.50
1290 - 1319.99	290.25	290.25	290.25	290.25	290.25
1320 - 1349.99	297.00	297.00	297.00	297.00	297.00
1350 - 1379.99	303.75	303.75	303.75	303.75	303.75
1380 - 1409.99	310.50	310.50	310.50	310.50	310.50
1410 - 1439.99	317.25	317.25	317.25	317.25	317.25
1440 - 1469.99	324.00	324.00	324.00	324.00	324.00
1470 - 1499.99	330.75	330.75	330.75	330.75	330.75
1500 - 1529.99	337.50	337.50	337.50	337.50	337.50
1530 - 1559.99	344.25	344.25	344.25	344.25	344.25
1560 - 1589.99	351.00	351.00	351.00	351.00	351.00
1590 - 1619.99	357.75	357.75	357.75	357.75	357.75
1620 - 1649.99	364.50	364.50	364.50	364.50	364.50
1650 - 1679.99	371.25	371.25	371.25	371.25	371.25
1680 - 1709.99	378.00	378.00	378.00	378.00	378.00
1710 - 1739.99	384.75	384.75	384.75	384.75	384.75
1740 - 1769.99	391.50	391.50	391.50	391.50	391.50
1770 - 1799.99	398.25	398.25	398.25	398.25	398.25
1800 - 1829.99	405.00	405.00	405.00	405.00	405.00
1830 - 1859.99	411.75	411.75	411.75	411.75	411.75
1860 - 1889.99	418.50	418.50	418.50	418.50	418.50
1890 - 1919.99	425.25	425.25	425.25	425.25	425.25
1920 - 1949.99	432.00	432.00	432.00	432.00	432.00
1950 - 1979.99	438.75	438.75	438.75	438.75	438.75
1980 - 2009.99	444.00	445.50	445.50	445.50	445.50
2010 - 2039.99	444.00	452.25	452.25	452.25	452.25
2040 - 2069.99	444.00	459.00	459.00	459.00	459.00
2070 - 2099.99	444.00	465.75	465.75	465.75	465.75
2100 - 2129.99	444.00	472.50	472.50	472.50	472.50
2130 - 2159.99	444.00	472.50	479.25	479.25	479.25
2160 - 2189.99	444.00	472.50	486.00	486.00	486.00
2190 - 2219.99	444.00	472.50	492.75	492.75	492.75
2220 - 2249.99	(1)	472.50	499.50	499.50	499.50
2250 - 2279.99		472.50	501.00	506.25	506.25
2280 - 2309.99		472.50	501.00	513.00	513.00
2310 - 2339.99		472.50	501.00	519.75	519.75
2340 - 2369.99		472.50	501.00	526.50	526.50
2370 - 2399.99		(1)	501.00	529.50	533.25
2400 - 2429.99			501.00	529.50	540.00
2430 - 2459.99			501.00	529.50	546.75
2460 - 2489.99			501.00	529.50	553.50
2490 - 2519.99			501.00	529.50	558.00
			(1)		

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
July 1, 1978
Table 2

FOOD STAMP PROGRAM

THREE-QUARTER MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$498	$530	$561	$593	$624
Adjusted Monthly Net Income	Three-Quarter Monthly Purchase	Three-Quarter Monthly Purchase	Three-Quarter Monthly Purchase	Three-Quarter Monthly Purchase	Three-Quarter Monthly Purchase
2520 - 2549.99				529.50	558.00
2550 - 2579.99				529.50	558.00
2580 - 2609.99				529.50	558.00
2610 - 2639.99				529.50	558.00
2640 - 2669.99				(1)	558.00
2670 - 2699.99					558.00
2700 - 2729.99					558.00
2730 - 2759.99					558.00
2760 - 2789.99					558.00
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
July 1, 1978
Table 3

DO NOT WRITE IN THIS SPACE

FOOD STAMP PROGRAM

SEMIMONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	1	2	3	4	5
Coupon Allotment	$27	$50	$72	$91	$108
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.50	0.50	0.00	0.00	0.00
30 - 39.99	2.00	2.00	2.00	2.00	2.50
40 - 49.99	3.00	3.50	3.50	3.50	4.00
50 - 59.99	4.00	5.00	5.00	5.00	5.50
60 - 69.99	5.00	6.00	6.50	6.50	7.00
70 - 79.99	6.00	7.50	8.00	8.00	8.50
80 - 89.99	7.00	9.00	9.50	9.50	10.00
90 - 99.99	8.00	10.50	10.50	11.00	11.50
100 - 109.99	9.00	11.50	12.00	12.50	13.00
110 - 119.99	10.50	13.00	13.50	14.00	14.50
120 - 129.99	12.00	14.50	15.00	15.50	16.50
130 - 139.99	13.50	16.00	16.50	17.00	18.00
140 - 149.99	15.00	17.50	18.00	18.50	19.50
150 - 169.99	16.50	19.00	20.00	20.50	21.00
170 - 189.99	19.50	22.00	23.00	23.50	24.00
190 - 209.99	21.00	25.00	26.00	26.50	27.00
210 - 229.99	22.00	28.00	29.00	29.50	30.00
230 - 249.99	22.00	31.00	32.00	32.50	33.00
250 - 269.99	22.00	34.00	35.00	35.50	36.00
270 - 289.99	22.00	37.00	38.00	38.50	39.00
290 - 309.99	(1)	40.00	41.00	41.50	42.00
310 - 329.99		40.00	44.00	44.50	45.00
330 - 359.99		40.00	47.00	47.50	48.00
360 - 389.99		40.00	51.50	52.00	52.50
390 - 419.99		(1)	56.00	56.50	57.00
420 - 449.99			60.50	61.00	61.50
450 - 479.99			63.00	65.50	66.00
480 - 509.99			63.00	70.00	70.50
510 - 539.99			(1)	74.50	75.00
540 - 569.99				79.00	79.50
570 - 599.99				79.00	84.00
600 - 629.99				79.00	88.50
630 - 659.99				(1)	93.00
660 - 689.99					94.00
690 - 719.99					94.00
720 - 749.99					94.00
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

MAXIMUM ALLOWABLE ADJUSTED MONTHLY NET INCOME

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Adjusted Monthly Net Income	277	363	480	607	720	867	953	1093	1233	1373	1513	1653	1793	1933	2073	2213	2353	2493	2633	2773

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
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Table 3

FOOD STAMP PROGRAM

SEMIMONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$130	$143	$164	$185	$206
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.00	0.00	0.00	0.00	0.00
30 - 39.99	2.50	2.50	2.50	2.50	2.50
40 - 49.99	4.00	4.00	4.00	4.00	4.00
50 - 59.99	5.50	6.00	6.00	6.00	6.00
60 - 69.99	7.00	7.50	8.00	8.00	8.00
70 - 79.99	8.50	9.00	9.50	9.50	9.50
80 - 89.99	10.50	10.50	11.00	11.00	11.00
90 - 99.99	12.00	12.50	13.00	13.00	13.00
100 - 109.99	13.50	14.00	14.50	14.50	14.50
110 - 119.99	15.50	16.00	16.50	16.50	16.50
120 - 129.99	17.00	17.50	18.00	18.00	18.00
130 - 139.99	18.50	19.00	19.50	19.50	19.50
140 - 149.99	20.00	20.50	21.00	21.00	21.00
150 - 169.99	21.50	22.00	22.50	22.50	22.50
170 - 189.99	24.50	25.00	25.50	25.50	25.50
190 - 209.99	27.50	28.00	28.50	28.50	28.50
210 - 229.99	30.50	31.00	31.50	31.50	31.50
230 - 249.99	33.50	34.00	34.50	34.50	34.50
250 - 269.99	36.50	37.00	37.50	37.50	37.50
270 - 289.99	39.50	40.00	40.50	40.50	40.50
290 - 309.99	42.50	43.00	43.50	43.50	43.50
310 - 329.99	45.50	46.00	46.50	46.50	46.50
330 - 359.99	48.50	49.00	49.50	49.50	49.50
360 - 389.99	53.00	53.50	54.00	54.00	54.00
390 - 419.99	57.50	58.00	58.50	58.50	58.50
420 - 449.99	62.00	62.50	63.00	63.00	63.00
450 - 479.99	66.50	67.00	67.50	67.50	67.50
480 - 509.99	71.00	71.50	72.00	72.00	72.00
510 - 539.99	75.50	76.00	76.50	76.50	76.50
540 - 569.99	80.00	80.50	81.00	81.00	81.00
570 - 599.99	84.50	85.00	85.50	85.50	85.50
600 - 629.99	89.00	89.50	90.00	90.00	90.00
630 - 659.99	93.50	94.00	94.50	94.50	94.50
660 - 689.99	98.00	98.50	99.00	99.00	99.00
690 - 719.99	102.50	103.00	103.50	103.50	103.50
720 - 749.99	107.00	107.50	108.00	108.00	108.00
750 - 779.99	111.50	112.00	112.50	112.50	112.50
780 - 809.99	114.00	116.50	117.00	117.00	117.00
810 - 839.99	114.00	121.00	121.50	121.50	121.50
840 - 869.99	114.00	125.00	126.00	126.00	126.00
870 - 899.99	(1)	125.00	130.50	130.50	130.50
900 - 929.99		125.00	135.00	135.00	135.00
930 - 959.99		125.00	139.50	139.50	139.50
960 - 989.99		(1)	144.00	144.00	144.00
990 - 1019.99			144.00	148.50	148.50
1020 - 1049.99			144.00	153.00	153.00
1050 - 1079.99			144.00	157.50	157.50

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
July 1, 1978
Table 3

FOOD STAMP PROGRAM

SEMIMONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	6	7	8	9	10
Coupon Allotment	$130	$143	$164	$185	$206
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 1080 - 1109.99			144.00	162.00	$ 162.00
1110 - 1139.99			(1)	163.00	166.50
1140 - 1169.99				163.00	171.00
1170 - 1199.99				163.00	175.50
1200 - 1229.99				163.00	180.00
1230 - 1259.99				163.00	182.00
1260 - 1289.99				(1)	182.00
1290 - 1319.99					182.00
1320 - 1349.99					182.00
1350 - 1379.99					182.00
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
July 1, 1978
Table 3

FOOD STAMP PROGRAM

SEMIMONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$227	$248	$269	$290	$311
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.00	0.00	0.00	0.00	0.00
30 - 39.99	2.50	2.50	2.50	2.50	2.50
40 - 49.99	4.00	4.00	4.00	4.00	4.00
50 - 59.99	6.00	6.00	6.00	6.00	6.00
60 - 69.99	8.00	8.00	8.00	8.00	8.00
70 - 79.99	9.50	9.50	9.50	9.50	9.50
80 - 89.99	11.00	11.00	11.00	11.00	11.00
90 - 99.99	13.00	13.00	13.00	13.00	13.00
100 - 109.99	14.50	14.50	14.50	14.50	14.50
110 - 119.99	16.50	16.50	16.50	16.50	16.50
120 - 129.99	18.00	18.00	18.00	18.00	18.00
130 - 139.99	19.50	19.50	19.50	19.50	19.50
140 - 149.99	21.00	21.00	21.00	21.00	21.00
150 - 169.99	22.50	22.50	22.50	22.50	22.50
170 - 189.99	25.50	25.50	25.50	25.50	25.50
190 - 209.99	28.50	28.50	28.50	28.50	28.50
210 - 229.99	31.50	31.50	31.50	31.50	31.50
230 - 249.99	34.50	34.50	34.50	34.50	34.50
250 - 269.99	37.50	37.50	37.50	37.50	37.50
270 - 289.99	40.50	40.50	40.50	40.50	40.50
290 - 309.99	43.50	43.50	43.50	43.50	43.50
310 - 329.99	46.50	46.50	46.50	46.50	46.50
330 - 359.99	49.50	49.50	49.50	49.50	49.50
360 - 389.99	54.00	54.00	54.00	54.00	54.00
390 - 419.99	58.50	58.50	58.50	58.50	58.50
420 - 449.99	63.00	63.00	63.00	63.00	63.00
450 - 479.99	67.50	67.50	67.50	67.50	67.50
480 - 509.99	72.00	72.00	72.00	72.00	72.00
510 - 539.99	76.50	76.50	76.50	76.50	76.50
540 - 569.99	81.00	81.00	81.00	81.00	81.00
570 - 599.99	85.50	85.50	85.50	85.50	85.50
600 - 629.99	90.00	90.00	90.00	90.00	90.00
630 - 659.99	94.50	94.50	94.50	94.50	94.50
660 - 689.99	99.00	99.00	99.00	99.00	99.00
690 - 719.99	103.50	103.50	103.50	103.50	103.50
720 - 749.99	108.00	108.00	108.00	108.00	108.00
750 - 779.99	112.50	112.50	112.50	112.50	112.50
780 - 809.99	117.00	117.00	117.00	117.00	117.00
810 - 839.99	121.50	121.50	121.50	121.50	121.50
840 - 869.99	126.00	126.00	126.00	126.00	126.00
870 - 899.99	130.50	130.50	130.50	130.50	130.50
900 - 929.99	135.00	135.00	135.00	135.00	135.00
930 - 959.99	139.50	139.50	139.50	139.50	139.50
960 - 989.99	144.00	144.00	144.00	144.00	144.00
990 - 1019.99	148.50	148.50	148.50	148.50	148.50
1020 - 1049.99	153.00	153.00	153.00	153.00	153.00
1050 - 1079.99	157.50	157.50	157.50	157.50	157.50

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
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Table 3

FOOD STAMP PROGRAM

SEMIMONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$227	$248	$269	$290	$311
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
1080 - 1109.99	162.00	162.00	162.00	162.00	162.00
1110 - 1139.99	166.50	166.50	166.50	166.50	166.50
1140 - 1169.99	171.00	171.00	171.00	171.00	171.00
1170 - 1199.99	175.50	175.50	175.50	175.50	175.50
1200 - 1229.99	180.00	180.00	180.00	180.00	180.00
1230 - 1259.99	184.50	184.50	184.50	184.50	184.50
1260 - 1289.99	189.00	189.00	189.00	189.00	189.00
1290 - 1319.99	193.50	193.50	193.50	193.50	193.50
1320 - 1349.99	198.00	198.00	198.00	198.00	198.00
1350 - 1379.99	201.00	202.50	202.50	202.50	202.50
1380 - 1409.99	201.00	207.00	207.00	207.00	207.00
1410 - 1439.99	201.00	211.50	211.50	211.50	211.50
1440 - 1469.99	201.00	216.00	216.00	216.00	216.00
1470 - 1499.99	201.00	220.00	220.50	220.50	220.50
1500 - 1529.99	201.00	220.00	225.00	225.00	225.00
1530 - 1559.99	(1)	220.00	229.50	229.50	229.50
1560 - 1589.99		220.00	234.00	234.00	234.00
1590 - 1619.99		220.00	238.50	238.50	238.50
1620 - 1649.99		220.00	239.00	243.00	243.00
1650 - 1679.99		220.00	239.00	247.50	247.50
1680 - 1709.99		(1)	239.00	252.00	252.00
1710 - 1739.99			239.00	256.50	256.50
1740 - 1769.99			239.00	258.00	261.00
1770 - 1799.99			239.00	258.00	265.50
1800 - 1829.99			(1)	258.00	270.00
1830 - 1859.99				258.00	274.50
1860 - 1889.99				258.00	277.00
1890 - 1919.99				258.00	277.00
1920 - 1949.99				258.00	277.00
1950 - 1979.99				(1)	277.00
1980 - 2009.99					277.00
2010 - 2039.99					277.00
2040 - 2069.99					277.00
2070 - 2099.99					277.00
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
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FOOD STAMP PROGRAM

SEMIMONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$332	$353	$374	$395	$416
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.00	0.00	0.00	0.00	0.00
30 - 39.99	2.50	2.50	2.50	2.50	2.50
40 - 49.99	4.00	4.00	4.00	4.00	4.00
50 - 59.99	6.00	6.00	6.00	6.00	6.00
60 - 69.99	8.00	8.00	8.00	8.00	8.00
70 - 79.99	9.50	9.50	9.50	9.50	9.50
80 - 89.99	11.00	11.00	11.00	11.00	11.00
90 - 99.99	13.00	13.00	13.00	13.00	13.00
100 - 109.99	14.50	14.50	14.50	14.50	14.50
110 - 119.99	16.50	16.50	16.50	16.50	16.50
120 - 129.99	18.00	18.00	18.00	18.00	18.00
130 - 139.99	19.50	19.50	19.50	19.50	19.50
140 - 149.99	21.00	21.00	21.00	21.00	21.00
150 - 169.99	22.50	22.50	22.50	22.50	22.50
170 - 189.99	25.50	25.50	25.50	25.50	25.50
190 - 209.99	28.50	28.50	28.50	28.50	28.50
210 - 220.99	31.50	31.50	31.50	31.50	31.50
230 - 249.99	34.50	34.50	34.50	34.50	34.50
250 - 269.99	37.50	37.50	37.50	37.50	37.50
270 - 289.99	40.50	40.50	40.50	40.50	40.50
290 - 309.99	43.50	43.50	43.50	43.50	43.50
310 - 329.99	46.50	46.50	46.50	46.50	46.50
330 - 359.99	49.50	49.50	49.50	49.50	49.50
360 - 389.99	54.00	54.00	54.00	54.00	54.00
390 - 419.99	58.50	58.50	58.50	58.50	58.50
420 - 449.99	63.00	63.00	63.00	63.00	63.00
450 - 479.99	67.50	67.50	67.50	67.50	67.50
480 - 509.99	72.00	72.00	72.00	72.00	72.00
510 - 539.99	76.50	76.50	76.50	76.50	76.50
540 - 569.99	81.00	81.00	81.00	81.00	81.00
570 - 599.99	85.50	85.50	85.50	85.50	85.50
600 - 629.99	90.00	90.00	90.00	90.00	90.00
630 - 659.99	94.50	94.50	94.50	94.50	94.50
660 - 689.99	99.00	99.00	99.00	99.00	99.00
690 - 719.99	103.50	103.50	103.50	103.50	103.50
720 - 749.99	108.00	108.00	108.00	108.00	108.00
750 - 779.99	112.50	112.50	112.50	112.50	112.50
780 - 809.99	117.00	117.00	117.00	117.00	117.00
810 - 839.99	121.50	121.50	121.50	121.50	121.50
840 - 869.99	126.00	126.00	126.00	126.00	126.00
870 - 899.99	130.50	130.50	130.50	130.50	130.50
900 - 929.99	135.00	135.00	135.00	135.00	135.00
930 - 959.99	139.50	139.50	139.50	139.50	139.50
960 - 989.99	144.00	144.00	144.00	144.00	144.00
990 - 1019.99	148.50	148.50	148.50	148.50	148.50
1020 - 1049.99	153.00	153.00	153.00	153.00	153.00
1050 - 1079.99	157.50	157.50	157.50	157.50	157.50

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

FOOD STAMP PROGRAM

SEMIMONTHLY

Department of Benefit Payments
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Table 3

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$332	$353	$374	$395	$416
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
1080 - 1109.99	162.00	162.00	162.00	162.00	162.00
1110 - 1139.99	166.50	166.50	166.50	166.50	166.50
1140 - 1169.99	171.00	171.00	171.00	171.00	171.00
1170 - 1199.99	175.50	175.50	175.50	175.50	175.50
1200 - 1229.90	180.00	180.00	180.00	180.00	180.00
1230 - 1259.99	184.50	184.50	184.50	184.50	184.50
1260 1289.99	189.00	189.00	189.00	189.00	189.00
1290 - 1319.99	193.50	193.50	193.50	193.50	193.50
1320 - 1349.99	198.00	198.00	198.00	198.00	198.00
1350 - 1379.99	202.50	202.50	202.50	202.50	202.50
1380 - 1409.99	207.00	207.00	207.00	207.00	207.00
1410 - 1439.99	211.50	211.50	211.50	211.50	211.50
1440 - 1469.99	216.00	216.00	216.00	216.00	216.00
1470 - 1499.99	220.50	220.50	220.50	220.50	220.50
1500 - 1529.99	225.00	225.00	225.00	225.00	225.00
1530 - 1559.99	229.50	229.50	229.50	229.50	229.50
1560 - 1589.99	234.00	234.00	234.00	234.00	234.00
1590 - 1619.99	238.50	238.50	238.50	238.50	238.50
1620 - 1649.99	243.00	243.00	243.00	243.00	243.00
1650 - 1679.99	247.50	247.50	247.50	247.50	247.50
1680 - 1709.99	252.00	252.00	252.00	252.00	252.00
1710 - 1739.99	256.50	256.50	256.50	256.50	256.50
1740 - 1769.99	261.00	261.00	261.00	261.00	261.00
1770 - 1799.99	265.50	265.50	265.50	265.50	265.50
1800 - 1829.99	270.00	270.00	270.00	270.00	270.00
1830 - 1859.99	274.50	274.50	274.50	274.50	274.50
1860 - 1889.99	279.00	279.00	279.00	279.00	279.00
1890 - 1919.99	283.50	283.50	283.50	283.50	283.50
1920 - 1949.99	288.00	288.00	288.00	288.00	288.00
1950 - 1979.99	292.50	292.50	292.50	292.50	292.50
1980 - 2009.99	296.00	297.00	297.00	297.00	297.00
2010 - 2039.99	296.00	301.50	301.50	301.50	301.50
2040 - 2069.99	296.00	306.00	306.00	306.00	306.00
2070 - 2099.99	296.00	310.50	310.50	310.50	310.50
2100 - 2129.99	296.00	315.00	315.00	315.00	315.00
2130 - 2159.99	296.00	315.00	319.50	319.50	319.50
2160 - 2189.99	296.00	315.00	324.00	324.00	324.00
2190 - 2219.99	296.00	315.00	328.50	328.50	328.50
2220 - 2249.99	(1)	315.00	333.00	333.00	333.00
2250 - 2279.99		315.00	334.00	337.50	337.50
2280 - 2309.99		315.00	334.00	342.00	342.00
2310 - 2339.99		315.00	334.00	346.50	346.50
2340 - 2369.99		315.00	334.00	351.00	351.00
2370 - 2399.99		(1)	334.00	353.00	355.50
2400 - 2429.99			334.00	353.00	360.00
2430 - 2459.99			334.00	353.00	364.50
2460 - 2489.99			334.00	353.00	369.00
2490 - 2519.99			334.00	353.00	372.00
			(1)		

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued)

63-3840

Department of Benefit Payments
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Table 3

FOOD STAMP PROGRAM

SEMIMONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$332	$353	$374	$395	$416
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
2520 - 2549.99				353.00	372.00
2550 - 2579.99				353.00	372.00
2580 - 2609.99				353.00	372.00
2610 - 2639.99				353.00	372.00
2640 - 2669.99				(1)	372.00
2670 - 2699.99					372.00
2700 - 2729.99					372.00
2730 - 2759.99					372.00
2760 - 2789.99					372.00 (1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

63-3840 TABLES OF COUPON ISSUANCE (Continued)

DO NOT WRITE IN THIS SPACE

FOOD STAMP PROGRAM

QUARTER MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	1	2	3	4	5
Coupon Allotment	$14	$25	$36	$46	$54
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.25	0.25	0.00	0.00	0.00
30 - 39.99	1.00	1.00	1.00	1.00	1.25
40 - 49.99	1.50	1.75	1.75	1.75	2.00
50 - 59.99	2.00	2.50	2.50	2.50	2.75
60 - 69.99	2.50	3.00	3.25	3.25	3.50
70 - 79.99	3.00	3.75	4.00	4.00	4.25
80 - 89.99	3.50	4.50	4.75	4.75	5.00
90 - 99.99	4.00	5.25	5.25	5.50	5.75
100 - 109.99	4.50	5.75	6.00	6.25	6.50
110 - 119.99	5.25	6.50	6.75	7.00	7.25
120 - 129.99	6.00	7.25	7.50	7.75	8.25
130 - 139.99	6.75	8.00	8.25	8.50	9.00
140 - 149.99	7.50	8.75	9.00	9.25	9.75
150 - 169.99	8.25	9.50	10.00	10.25	10.50
170 - 189.99	9.75	11.00	11.50	11.75	12.00
190 - 209.99	10.50	12.50	13.00	13.25	13.50
210 - 229.99	11.00	14.00	14.50	14.75	15.00
230 - 249.99	11.00	15.50	16.00	16.25	16.50
250 - 269.99	11.00	17.00	17.50	17.75	18.00
270 - 289.99	11.00	18.50	19.00	19.25	19.50
290 - 309.99	(1)	20.00	20.50	20.75	21.00
310 - 329.99		20.00	22.00	22.25	22.50
330 - 359.99		20.00	23.50	23.75	24.00
360 - 389.99		20.00	25.75	26.00	26.25
390 - 419.99		(1)	28.00	28.25	28.50
420 - 449.99			30.25	30.50	30.75
450 - 479.99			31.50	32.75	33.00
480 - 509.99			31.50	35.00	35.25
510 - 539.99			(1)	37.25	37.50
540 - 569.99				39.50	39.75
570 - 599.99				39.50	42.00
600 - 629.99				39.50	44.25
630 - 659.99				(1)	46.50
660 - 689.99					47.00
690 - 719.99					47.00
720 - 749.99					47.00 (1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

MAXIMUM ALLOWABLE ADJUSTED MONTHLY NET INCOME

Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Adjusted Monthly Net Income	277	363	480	607	720	867	953	1093	1233	1373	1513	1653	1793	1933	2073	2213	2353	2493	2633	2773

63-3840 TABLES OF COUPON ISSUANCE (Continued)

FOOD STAMP PROGRAM

QUARTER MONTHLY

Department of Benefit Payments
July 1, 1978
Table 4

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME

Household Size	6	7	8	9	10
Coupon Allotment	$65	$72	$82	$93	$103
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.00	0.00	0.00	0.00	0.00
30 - 39.99	1.25	1.25	1.25	1.25	1.25
40 - 49.99	2.00	2.00	2.00	2.00	2.00
50 - 59.99	2.75	3.00	3.00	3.00	3.00
60 - 69.99	3.50	3.75	4.00	4.00	4.00
70 - 79.99	4.25	4.50	4.75	4.75	4.75
80 - 89.99	5.25	5.25	5.50	5.50	5.50
90 - 99.99	6.00	6.25	6.50	6.50	6.50
100 - 109.99	6.75	7.00	7.25	7.25	7.25
110 - 119.99	7.75	8.00	8.25	8.25	8.25
120 - 129.99	8.50	8.75	9.00	9.00	9.00
130 - 139.99	9.25	9.50	9.75	9.75	9.75
140 - 149.99	10.00	10.25	10.50	10.50	10.50
150 - 169.99	10.75	11.00	11.25	11.25	11.25
170 - 189.99	12.25	12.50	12.75	12.75	12.75
190 - 209.99	13.75	14.00	14.25	14.25	14.25
210 - 229.99	15.25	15.50	15.75	15.75	15.75
230 - 249.99	16.75	17.00	17.25	17.25	17.25
250 - 269.99	18.25	18.50	18.75	18.75	18.75
270 - 289.99	19.75	20.00	20.25	20.25	20.25
290 - 309.99	21.25	21.50	21.75	21.75	21.75
310 - 329.99	22.75	23.00	23.25	23.25	23.25
330 - 359.99	24.25	24.50	24.75	24.75	24.75
360 - 389.99	26.50	26.75	27.00	27.00	27.00
390 - 419.99	28.75	29.00	29.25	29.25	29.25
420 - 449.99	31.00	31.25	31.50	31.50	31.50
450 - 479.99	33.25	33.50	33.75	33.75	33.75
480 - 509.99	35.50	35.75	36.00	36.00	36.00
510 - 539.99	37.75	38.00	38.25	38.25	38.25
540 - 569.99	40.00	40.25	40.50	40.50	40.50
570 - 599.99	42.25	42.50	42.75	42.75	42.75
600 - 629.99	44.50	44.75	45.00	45.00	45.00
630 - 659.99	46.75	47.00	47.25	47.25	47.25
660 - 689.99	49.00	49.25	49.50	49.50	49.50
690 - 719.99	51.25	51.50	51.75	51.75	51.75
720 - 749.99	53.50	53.75	54.00	54.00	54.00
750 - 779.99	55.75	56.00	56.25	56.25	56.25
780 - 809.99	57.00	58.25	58.50	58.50	58.50
810 - 839.99	57.00	60.50	60.75	60.75	60.75
840 - 869.99	57.00	62.50	63.00	63.00	63.00
870 - 899.99	(1)	62.50	65.25	65.25	65.25
900 - 929.99		62.50	67.50	67.50	67.50
930 - 959.99		62.50	69.75	69.75	69.75
960 - 989.99		(1)	72.00	72.00	72.00
990 - 1019.99			72.00	74.25	74.25
1020 - 1049.99			72.00	76.50	76.50
1050 - 1079.99			72.00	78.75	78.75
1060 - 1109.99			72.00	81.00	81.00
1110 - 1139.99			(1)	81.50	83.25
1140 - 1169.99				81.50	85.50
1170 - 1199.99				81.50	87.75
1200 - 1229.99				81.50	90.00
1230 - 1259.99				81.50	91.00
1260 - 1289.99				(1)	91.00
1290 - 1319.99					91.00
1320 - 1349.99					91.00
1350 - 1379.99					91.00
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

DO NOT WRITE IN THIS SPACE

FOOD STAMP PROGRAM

QUARTER-MONTHLY

Department of Benefit Payments
July 1, 1978
Table 4

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	$114	$124	$135	$145	$156
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.00	0.00	0.00	0.00	0.00
30 - 39.99	1.25	1.25	1.25	1.25	1.25
40 - 49.99	2.00	2.00	2.00	2.00	2.00
50 - 59.99	3.00	3.00	3.00	3.00	3.00
60 - 69.99	4.00	4.00	4.00	4.00	4.00
70 - 79.99	4.75	4.75	4.75	4.75	4.75
80 - 89.99	5.50	5.50	5.50	5.50	5.50
90 - 99.99	6.50	6.50	6.50	6.50	6.50
100 - 109.99	7.25	7.25	7.25	7.25	7.25
110 - 119.99	8.25	8.25	8.25	8.25	8.25
120 - 129.99	9.00	9.00	9.00	9.00	9.00
130 - 139.99	9.75	9.75	9.75	9.75	9.75
140 - 149.99	10.50	10.50	10.50	10.50	10.50
150 - 169.99	11.25	11.25	11.25	11.25	11.25
170 - 189.99	12.75	12.75	12.75	12.75	12.75
190 - 209.99	14.25	14.25	14.25	14.25	14.25
210 - 229.99	15.75	15.75	15.75	15.75	15.75
230 - 249.99	17.25	17.25	17.25	17.25	17.25
250 - 269.99	18.75	18.75	18.75	18.75	18.75
270 - 289.99	20.25	20.25	20.25	20.25	20.25
290 - 309.99	21.75	21.75	21.75	21.75	21.75
310 - 329.99	23.25	23.25	23.25	23.25	23.25
330 - 359.99	24.75	24.75	24.75	24.75	24.75
360 - 389.99	27.00	27.00	27.00	27.00	27.00
390 - 419.99	29.25	29.25	29.25	29.25	29.25
420 - 449.99	31.50	31.50	31.50	31.50	31.50
450 - 479.99	33.75	33.75	33.75	33.75	33.75
480 - 509.99	36.00	36.00	36.00	36.00	36.00
510 - 539.99	38.25	38.25	38.25	38.25	38.25
540 - 569.99	40.50	40.50	40.50	40.50	40.50
570 - 599.99	42.75	42.75	42.75	42.75	42.75
600 - 629.99	45.00	45.00	45.00	45.00	45.00
630 - 659.99	47.25	47.25	47.25	47.25	47.25
660 - 689.99	49.50	49.50	49.50	49.50	49.50
690 - 719.99	51.75	51.75	51.75	51.75	51.75
720 - 749.99	54.00	54.00	54.00	54.00	54.00
750 - 779.99	56.25	56.25	56.25	56.25	56.25
780 - 809.99	58.50	58.50	58.50	58.50	58.50
810 - 839.99	60.75	60.75	60.75	60.75	60.75
840 - 869.99	63.00	63.00	63.00	63.00	63.00
870 - 899.99	65.25	65.25	65.25	65.25	65.25
900 - 929.99	67.50	67.50	67.50	67.50	67.50
930 - 959.99	69.75	69.75	69.75	69.75	69.75
960 - 989.99	72.00	72.00	72.00	72.00	72.00
990 - 1019.99	74.25	74.25	74.25	74.25	74.25
1020 - 1049.99	76.50	76.50	76.50	76.50	76.50
1050 - 1079.99	78.75	78.75	78.75	78.75	78.75

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
July 1, 1978
Table 4

FOOD STAMP PROGRAM

QUARTER-MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	11	12	13	14	15
Coupon Allotment	$114	$124	$135	$145	$156
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
1080 - 1109.99	$81.00	$ 81.00	$ 81.00	$ 81.00	$ 81.00
1110 - 1139.99	83.25	83.25	83.25	83.25	83.25
1140 - 1169.99	85.50	85.50	85.50	85.50	85.50
1170 - 1199.99	87.75	87.75	87.75	87.75	87.75
1200 - 1229.99	90.00	90.00	90.00	90.00	90.00
1230 - 1259.99	92.25	92.25	92.25	92.25	92.25
1260 - 1289.99	94.50	94.50	94.50	94.50	94.50
1290 - 1319.99	96.75	96.75	96.75	96.75	96.75
1320 - 1349.99	99.00	99.00	99.00	99.00	99.00
1350 - 1379.99	100.50	101.25	101.25	101.25	101.25
1380 - 1409.99	100.50	103.50	103.50	103.50	103.50
1410 - 1439.99	100.50	105.75	105.75	105.75	105.75
1440 - 1469.99	100.50	108.00	108.00	108.00	108.00
1470 - 1499.99	100.50	110.00	110.25	110.25	110.25
1500 - 1529.99	100.50	110.00	112.50	112.50	112.50
1530 - 1559.99	(1)	110.00	114.75	114.75	114.75
1560 - 1589.99		110.00	117.00	117.00	117.00
1590 - 1619.99		110.00	119.25	119.25	119.25
1620 - 1649.99		110.00	119.50	121.50	121.50
1650 - 1679.99		110.00	119.50	123.75	123.75
1680 - 1709.99		(1)	119.50	126.00	126.00
1710 - 1739.99			119.50	128.25	128.25
1740 - 1769.99			119.50	129.00	130.50
1770 - 1799.99			119.50	129.00	132.75
1800 - 1829.99			(1)	129.00	135.00
1830 - 1859.99				129.00	137.25
1860 - 1889.99				129.00	138.50
1890 - 1919.99				129.00	138.50
1920 - 1949.99				129.00	138.50
1950 - 1979.99				(1)	138.50
1980 - 2009.99					138.50
2010 - 2039.99					138.50
2040 - 2069.99					138.50
2070 - 2099.99					138.50
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
July 1, 1978
Table 4

FOOD STAMP PROGRAM

QUARTER-MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	$166	$177	$187	$198	$208
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
$ 0 - 19.99	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
20 - 29.99	0.00	0.00	0.00	0.00	0.00
30 - 39.99	1.25	1.25	1.25	1.25	1.25
40 - 49.99	2.00	2.00	2.00	2.00	2.00
50 - 59.99	3.00	3.00	3.00	3.00	3.00
60 - 69.99	4.00	4.00	4.00	4.00	4.00
70 - 79.99	4.75	4.75	4.75	4.75	4.75
80 - 89.99	5.50	5.50	5.50	5.50	5.50
90 - 99.99	6.50	6.50	6.50	6.50	6.50
100 - 109.99	7.25	7.25	7.25	7.25	7.25
110 - 119.99	8.25	8.25	8.25	8.25	8.25
120 - 129.99	9.00	9.00	9.00	9.00	9.00
130 - 139.99	9.75	9.75	9.75	9.75	9.75
140 - 149.99	10.50	10.50	10.50	10.50	10.50
150 - 169.99	11.25	11.25	11.25	11.25	11.25
170 - 189.99	12.75	12.75	12.75	12.75	12.75
190 - 209.99	14.25	14.25	14.25	14.25	14.25
210 - 229.99	15.75	15.75	15.75	15.75	15.75
230 - 249.99	17.25	17.25	17.25	17.25	17.25
250 - 269.99	18.75	18.75	18.75	18.75	18.75
270 - 289.99	20.25	20.25	20.25	20.25	20.25
290 - 309.99	21.75	21.75	21.75	21.75	21.75
310 - 329.99	23.25	23.25	23.25	23.25	23.25
330 - 359.99	24.75	24.75	24.75	24.75	24.75
360 - 389.99	27.00	27.00	27.00	27.00	27.00
390 - 419.99	29.25	29.25	29.25	29.25	29.25
420 - 449.99	31.50	31.50	31.50	31.50	31.50
450 - 479.99	33.75	33.75	33.75	33.75	33.75
480 - 509.99	36.00	36.00	36.00	36.00	36.00
510 - 539.99	38.25	38.25	38.25	38.25	38.25
540 - 569.99	40.50	40.50	40.50	40.50	40.50
570 - 599.99	42.75	42.75	42.75	42.75	42.75
600 - 629.99	45.00	45.00	45.00	45.00	45.00
630 - 659.99	47.25	47.25	47.25	47.25	47.25
660 - 689.99	49.50	49.50	49.50	49.50	49.50
690 - 719.99	51.75	51.75	51.75	51.75	51.75
720 - 749.99	54.00	54.00	54.00	54.00	54.00
750 - 779.99	56.25	56.25	56.25	56.25	56.25
780 - 809.99	58.50	58.50	58.50	58.50	58.50
810 - 839.99	60.75	60.75	60.75	60.75	60.75
840 - 869.99	63.00	63.00	63.00	63.00	63.00
870 - 899.99	65.25	65.25	65.25	65.25	65.25
900 - 929.99	67.50	67.50	67.50	67.50	67.50
930 - 959.99	69.75	69.75	69.75	69.75	69.75
960 - 989.99	72.00	72.00	72.00	72.00	72.00
990 - 1019.99	74.25	74.25	74.25	74.25	74.25
1020 - 1049.99	76.50	76.50	76.50	76.50	76.50
1050 - 1079.99	78.75	78.75	78.75	78.75	78.75

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63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

FOOD STAMP PROGRAM

QUARTER-MONTHLY

Department of Benefit Payments
July 1, 1978
Table 4

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$166	$177	$187	$198	$208
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
1080 - 1109.99	$ 81.00	$ 81.00	$ 81.00	$ 81.00	$ 81.00
1110 - 1139.99	83.25	83.25	83.25	83.25	83.25
1140 - 1169.99	85.50	85.50	85.50	85.50	85.50
1170 - 1199.99	87.75	87.75	87.75	87.75	87.75
1200 - 1229.99	90.00	90.00	90.00	90.00	90.00
1230 - 1259.99	92.25	92.25	92.25	92.25	92.25
1260 - 1289.99	94.50	94.50	94.50	94.50	94.50
1290 - 1319.99	96.75	96.75	96.75	96.75	96.75
1320 - 1349.99	99.00	99.00	99.00	99.00	99.00
1350 - 1379.99	101.25	101.25	101.25	101.25	101.25
1380 - 1409.99	103.50	103.50	103.50	103.50	103.50
1410 - 1439.99	105.75	105.75	105.75	105.75	105.75
1440 - 1469.99	108.00	108.00	108.00	108.00	108.00
1470 - 1499.99	110.25	110.25	110.25	110.25	110.25
1500 - 1529.99	112.50	112.50	112.50	112.50	112.50
1530 - 1559.99	114.75	114.75	114.75	114.75	114.75
1560 - 1589.99	117.00	117.00	117.00	117.00	117.00
1590 - 1619.99	119.25	119.25	119.25	119.25	119.25
1620 - 1649.99	121.50	121.50	121.50	121.50	121.50
1650 - 1679.99	123.75	123.75	123.75	123.75	123.75
1680 - 1709.99	126.00	126.00	126.00	126.00	126.00
1710 - 1739.99	128.25	128.25	128.25	128.25	128.25
1740 - 1769.99	130.50	130.50	130.50	130.50	130.50
1770 - 1799.99	132.75	132.75	132.75	132.75	132.75
1800 - 1829.99	135.00	135.00	135.00	135.00	135.00
1830 - 1859.99	137.25	137.25	137.25	137.25	137.25
1860 - 1889.99	139.50	139.50	139.50	139.50	139.50
1890 - 1919.99	141.75	141.75	141.75	141.75	141.75
1920 - 1949.99	144.00	144.00	144.00	144.00	144.00
1950 - 1979.99	146.25	146.25	146.25	146.25	146.25
1980 - 2009.99	148.00	148.50	148.50	148.50	148.50
2010 - 2039.99	148.00	150.75	150.75	150.75	150.75
2040 - 2069.99	148.00	153.00	153.00	153.00	153.00
2070 - 2099.99	148.00	155.25	155.25	155.25	155.25
2100 - 2129.99	148.00	157.50	157.50	157.50	157.50
2130 - 2159.99	148.00	157.50	159.75	159.75	159.75
2160 - 2189.99	148.00	157.50	162.00	162.00	162.00
2190 - 2219.99	148.00	157.50	164.25	164.25	164.25
2220 - 2249.99	(1)	157.50	166.50	166.50	166.50
2250 - 2279.99		157.50	167.00	168.75	168.75
2280 - 2309.99		157.50	167.00	171.00	171.00
2310 - 2339.99		157.50	167.00	173.25	173.25
2340 - 2369.99		157.50	167.00	175.50	175.50
2370 - 2399.99		(1)	167.00	176.50	177.75
2400 - 2429.99			167.00	176.50	180.00
2430 - 2459.99			167.00	176.50	182.25
2460 - 2489.99			167.00	176.50	184.50
2490 - 2519.99			167.00	176.50	186.00
			(1)		

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

63-3840 TABLES OF COUPON ISSUANCE (Continued) 63-3840

Department of Benefit Payments
July 1, 1978
Table 4

FOOD STAMP PROGRAM

QUARTER-MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) AND BONUS STAMPS

Household Size	16	17	18	19	20
Coupon Allotment	$166	$177	$187	$198	$208
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
2520 - 2549.99				176.50	186.00
2550 - 2579.99				176.50	186.00
2580 - 2609.99				176.50	186.00
2610 - 2639.99				176.50	186.00
2640 - 2669.99				(1)	186.00
2670 - 2699.99					186.00
2700 - 2729.99					186.00
2730 - 2759.99					186.00
2760 - 2789.99					186.00
					(1)

(1) For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

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63-3840 TABLES OF COUPON ISSUANCE (Continued) **63-3840**

.2 For Issuance to Households of More Than 20 Persons Use the Following Formula:

.21 Value of the Total Allotment

For each person in excess of 20, add $42 to the monthly coupon allotment and $21 to the semimonthly allotment for a 20-person household. For all three-quarter and one-quarter monthly allotments of uneven dollar amounts, round up to the next higher whole dollar amount with no change in purchase requirements for such allotments.

.22 Purchase Requirement

.221 Use the purchase requirement shown for the 20-person household for households with incomes of $2489.99 or less per month.

.222 For households with monthly incomes of $2490 or more, use the following formula:

For each $30 worth of monthly income (or portion thereof) over $2489.99 add $9 to the monthly purchase requirement for a 20-person household with an income of $2489.99 (or $6.75 to the three-quarter monthly, $4.50 to the semimonthly purchase requirement, and $2.25 to the quarterly purchase requirement).

.223 To obtain the maximum purchase requirement for households of more than 20 persons, add to the maximum purchase requirement shown for a 20-person household, $38 monthly; 28.50 three-quarter monthly; $19 semimonthly; and $9.50 quarterly for each person over 20.

.3 Maximum Allowable Adjusted Monthly Net Income for NA Households

For each person in excess of 20, add $140 to the maximum allowable adjusted monthly net income shown for a 20-person household.

STD. 400A (8-71)

CONTINUATION SHEET

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

DO NOT WRITE IN THIS SPACE

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because this regulation merely affirms for the State that which has been declared existing law or regulation through action by the Federal government.

Approved:

Marion J. Woods

MARION J. WOODS, Director
Department of Benefit Payments